

TITLE V BLOCK GRANT APPLICATION
FORMS (1-21)
STATE: MA
APPLICATION YEAR: 2006

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APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 7/15/2005	APPLICANT IDENTIFIER DUNS 878298900
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE	STATE APPLICATION IDENTIFIER 4500-2000
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	FEDERAL IDENTIFIER B04MC 00298
5. APPLICANT INFORMATION			
Legal Name: Commonwealth of Massachusetts		Organizational Unit: Dept. of Public Health, Ctr for Community Health	
Address (give city, county, state and zip code) Massachusetts Department of Public Health 250 Washington Street Boston, MA 02108 County:		Name and telephone number of the person to be contacted on matters involving this application (give area code) Name: Sally Fogerty Tel Number: 617-624-6090	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="display: flex; gap: 10px;"><div style="border: 1px solid black; padding: 2px 5px;">0</div><div style="border: 1px solid black; padding: 2px 5px;">4</div><div style="border: 1px solid black; padding: 2px 5px;">6</div><div style="border: 1px solid black; padding: 2px 5px;">0</div><div style="border: 1px solid black; padding: 2px 5px;">0</div><div style="border: 1px solid black; padding: 2px 5px;">2</div><div style="border: 1px solid black; padding: 2px 5px;">2</div><div style="border: 1px solid black; padding: 2px 5px;">8</div><div style="border: 1px solid black; padding: 2px 5px;">4</div></div>		7. TYPE OF APPLICANT: (Enter appropriate letter in box) A A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipality J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipality M. Profit Organization G. Special District N. Other (Specify)	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration Decrease Duration Other (specify):		9 NAME OF FEDERAL AGENCY: Health Resources and Services Administration, Maternal and Child Health Bureau	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="display: flex; gap: 10px;"><div style="border: 1px solid black; padding: 2px 5px;">9</div><div style="border: 1px solid black; padding: 2px 5px;">3</div><div style="border: 1px solid black; padding: 2px 5px;">9</div><div style="border: 1px solid black; padding: 2px 5px;">9</div><div style="border: 1px solid black; padding: 2px 5px;">4</div></div> TITLE: Maternal and Child Health Services Block Grant		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Maternal & Child Health Services Block Grant	
12. AREAS AFFECTED BY PROJECT (cities, communities, states, etc.): Massachusetts			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
Start Date: 10/01/2005	Ending Date: 09/30/2006	a. Applicant N/A	b. Project All Mass. Districts
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ <u>12,085,938.00</u>	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ <u>1,198,001.00</u>		
c. State	\$ <u>56,278,528.00</u>		
d. Local	\$ <u>0.00</u>		
e. Other	\$ <u>0.00</u>		
f. Program Income	\$ <u>0.00</u>		
g. TOTAL	\$ <u>69,562,467.00</u>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT <input type="checkbox"/> Yes. If "Yes", attach an explanation <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY BY THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Carol Weisberg		b. Title Chief Financial Officer	c. Telephone Number 617-624-5260
d. Signature of Authorized Representative		e. Date Signed	

FORM 2
MCH BUDGET DETAILS FOR FY 2006

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: MA

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])
Of the Federal Allocation (1 above), the amount earmarked for:

\$ 12,085,938

A.Preventive and primary care for children:

\$ 3,653,542 (30.23%)

B.Children with special health care needs:

\$ 3,721,563 (30.79%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 894,232 (7.4%)

(The above figure cannot be more than 10%)[Sec. 504(d)]

2. UNOBLIGATED BALANCE (Item 15b of SF 424)

\$ 1,198,001

3. STATE MCH FUNDS (Item 15c of the SF 424)

\$ 56,278,528

4. LOCAL MCH FUNDS (Item 15d of SF 424)

\$ 0

5. OTHER FUNDS (Item 15e of SF 424)

\$ 0

6. PROGRAM INCOME (Item 15f of SF 424)

\$ 0

7. TOTAL STATE MATCH (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 23,499,343

\$ 56,278,528

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 69,562,467

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 915,000

b. SSDI: \$ 100,000

c. CISS: \$ 170,447

d. Abstinence Education: \$ 727,472

e. Healthy Start: \$ 0

f. EMSC: \$ 100,000

g. WIC: \$ 104,983,370

h. AIDS: \$ 888,693

i. CDC: \$ 3,257,510

j. Education: \$ 9,078,513

k. Other: \$

Dept of Justice \$ 899,948

HRSA - Bioterrorism \$ 234,362

Substance Abuse \$ 15,000

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)

\$ 121,370,315

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 190,932,782

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

- 1. Section Number:** Main
Field Name: FedAlloc
Row Name: Federal Allocation
Column Name:
Year: 2006
Field Note:
Based on projected FY06 award amount from MCHB memorandum.
- 2. Section Number:** Main
Field Name: FedAlloc_Admin
Row Name: Federal Allocation - Title V Administrative costs
Column Name:
Year: 2006
Field Note:
The Department of Public Health uses the same definitions and procedures for determining "administrative costs" for the MCH Block Grant as it originally applied to the Alcohol and Drug Abuse and Mental Health Services (ADAMHA) Block Grant. Using this definition, no more than 10% of the Commonwealth's federal MCH funds (including both the FY05 estimated allotment and estimated carry-over FY04 federal funds) are budgeted for administrative costs for FY05. This definition has not changed from previous years. This definition of administrative costs includes funds expended for personnel working within the Department's Central Administration (for such functions as contracting and payments for purchase of service, payroll, travel reimbursement; support of legal services, administrative support, and personnel functions) and personnel within the BFCH working entirely on fiscal management and operations.
The amount shown here represents the percentage of the FY06 award budgeted for administrative costs. The amount shown on Form 4, Line I.f., for FY06 Budgeted includes both FY06 funds and FY05 carry-over funds.
- 3. Section Number:** Main
Field Name: StateMCHFunds
Row Name: State MCH Funds
Column Name:
Year: 2006
Field Note:
The following state accounts or portions of state accounts make up the "Total State Funds" amount of \$56,278,528, based on the expected state FY06 budget as known at the time of submission. (The entire veto and veto override process is not yet complete.)
Family Health Services account (\$7,115,196; compared to \$9,481,028 in FY03 and \$6,668,000 in FY04)
Early Intervention accounts, including retained revenue (\$32,540,074, a slight expansion over FY05)
Universal Newborn Hearing Screening (\$83,060; no change)
Teen Pregnancy Prevention Challenge Fund, portion (\$250,000) (NOTE: The remaining \$740,000 of FY06 funding (down from \$1,849,633 in FY03) in this account is still managed by the Title V agency but is used as match for federal TANF funding that supports the FOR Families ISA (\$490,000) and as match for the federal Abstinence Education grant (\$250,000); prior to FY03, the entire Challenge Fund had been considered part of our Federal-State Partnership.)
School Health (including core school health support, Essential School Health grants, and school-based health centers) (\$14,019,309 vs. \$25,273,620 in FY03)
Medicaid ISA for EI Partnership home visiting programs (\$500,000)
Portions of state Dental Health account (\$47,982)
Portions of other state shared administrative accounts (\$1,722,907). Beginning in FY04, all personnel costs were transferred into this account from MCH partnership state accounts: Family Health, Early Intervention, Dental Health, Teen Pregnancy Prevention, and School Health.
Healthy Start and the Children's Medical Security Program have been transferred fully to Medicaid and are no longer part of the Federal-State Title V Partnership Budget.

Based on a total FY06 federal MCH budget of \$13,283,939, this breaks out as a budgeted FY06 State Match (\$3 state for every \$4 federal) of \$9,962,954 and State Over Match of \$46,315,574.
Based on a total new FY06 federal MCH award of \$12,085,938, this breaks out as a budgeted FY05 State Match (\$3 state for every \$4 new federal) of \$9,064,454 and State Over Match of \$47,214,074.
- 4. Section Number:** Main
Field Name: SPRANS
Row Name: Other Federal Funds - SPRANS
Column Name:
Year: 2006
Field Note:
The total SPRANS category includes the following:
ASAP2: Improving Screening for Alcohol Use during Pregnancy Demonstration Project 2 (\$150,000)
Infant Hearing Linkage Project (\$150,000)
Childhood Oral Healthcare Access (\$65,000)
Perinatal Depression (\$250,000)
Integrated Systems for CSHCN (NEW) (\$300,000)
These amounts are estimates of FY06 budgets and projects.
- 5. Section Number:** Main
Field Name: SSDI
Row Name: Other Federal Funds - SSDI
Column Name:
Year: 2006
Field Note:
MCHB Primary Care Systems Development grant (\$100,000).
- 6. Section Number:** Main
Field Name: CISS
Row Name: Other Federal Funds - CISS
Column Name:
Year: 2006
Field Note:
The total CISS category includes the following:
Max Care: Maximizing Children's Health and Safety in Day Care (\$70,447); ends during FY06
Massachusetts Early Childhood Comprehensive Systems (\$100,000).
- 7. Section Number:** Main
Field Name: AbsEducation
Row Name: Other Federal Funds - Abstinence Education
Column Name:
Year: 2006
Field Note:
The amount shown of \$727,472 is the current FY06 estimate.

8. **Section Number:** Main
Field Name: EMSC
Row Name: Other Federal Funds - EMSC
Column Name:
Year: 2006
Field Note:
The total EMSC category includes the following:
EMSC Partnership (\$100,000)
9. **Section Number:** Main
Field Name: WIC
Row Name: Other Federal Funds - WIC
Column Name:
Year: 2006
Field Note:
The amount shown includes both federal and state WIC funding as following:
Federal WIC Funds (\$68,047,769)
State Nutrition Funds (for WIC, Office of Nutrition, and Growth and Nutrition) (\$12,859,601).
State WIC Infant Formula Rebate Retained Revenue - (\$24,076,000)
State WIC/Nutrition funds have been included because they and the federal funds are fully blended at the state level. The state WIC funds, while not appropriate to include as part of our MCH Partnership funding, are administered by the Bureau and represent a major component of the Commonwealth's overall MCH commitment.
10. **Section Number:** Main
Field Name: AIDS
Row Name: Other Federal Funds - AIDS
Column Name:
Year: 2006
Field Note:
Ryan White Title IV Pediatric AIDS Demonstration (MassCARE) (\$888,693)
11. **Section Number:** Main
Field Name: CDC
Row Name: Other Federal Funds - CDC
Column Name:
Year: 2006
Field Note:
Total estimated CDC funding related to maternal and child health includes the following:
Childhood Hearing Data System (\$150,000)
CARE Communities (\$455,524); ends 9/29/05
Obesity Prevention and Intervention (\$1,000,000)
Residential Fire Injury Prevention (\$143,139)
Mass. Youth Violence Prevention (\$99,845)
Addressing Asthma from a Public Health Perspective (\$200,000)
Portions of Federal Immunization funding (\$137,432)
Birth Defects Research and Prevention (\$1,071,570).
12. **Section Number:** Main
Field Name: Education
Row Name: Other Federal Funds - Education
Column Name:
Year: 2006
Field Note:
Federal education funding includes the following:
Federal P.L. 102-119 Part C of IDEA funds (\$9,000,000, including carry-forward funds)
Federal funds for Collaborative School Health, through ISA from state Department of Education (\$78,513).
13. **Section Number:** Main
Field Name: OtherFedFundsOtherFund
Row Name: Other Federal Funds - Other Funds
Column Name:
Year: 2006
Field Note:
The Other Federal lines includes the following:
Federal Substance Abuse funds (for Poison Control System) (\$15,000)
HRSA Bioterrorism Hospital Preparedness funds (for Poison Control System) (\$234,362)
Department of Justice Rural Domestic Violence and Child Victimization grant (\$899,948).

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: MA

	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 12,046,095	\$ 10,163,098	\$ 12,140,389	\$ 0	\$ 12,085,938	\$ 0
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 1,804,957	\$ 2,119,713	\$ 931,676	\$ 0	\$ 1,198,001	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 69,075,127	\$ 69,129,506	\$ 55,377,970	\$ 0	\$ 56,278,528	\$ 0
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 82,926,179	\$ 81,412,317	\$ 68,450,035	\$ 0	\$ 69,562,467	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 113,979,842	\$ 115,133,412	\$ 116,104,568	\$ 0	\$ 121,370,315	\$ 0
9. Total <i>(Line11, Form 2)</i>	\$ 196,906,021	\$ 196,545,729	\$ 184,554,603	\$ 0	\$ 190,932,782	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE
[Secs. 505(a) and 506(a)(1-3)]

STATE: MA

	FY 2001		FY 2002		FY 2003	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 11,884,500	\$ 8,522,571	\$ 11,867,040	\$ 9,708,947	\$ 12,072,751	\$ 9,933,047
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 1,144,255	\$ 2,991,048	\$ 1,347,619	\$ 2,796,874	\$ 1,493,240	\$ 2,796,874
3. State Funds <i>(Line3, Form 2)</i>	\$ 96,868,475	\$ 98,057,296	\$ 88,766,606	\$ 95,970,263	\$ 90,889,935	\$ 78,191,530
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 109,897,230	\$ 109,570,915	\$ 101,981,265	\$ 108,476,084	\$ 104,455,926	\$ 90,921,451
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 110,961,296	\$ 106,468,131	\$ 110,633,113	\$ 109,099,040	\$ 114,662,274	\$ 109,078,957
9. Total <i>(Line11, Form 2)</i>	\$ 220,858,526	\$ 216,039,046	\$ 212,614,378	\$ 217,575,124	\$ 219,118,200	\$ 200,000,408
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

State v. Federal Fiscal Year

Due to the state budget cycle, which structures all of our purchase of service expenditures and readily accessible budget and expenditure accounting information, all amounts shown are for the relevant State Fiscal Year, which runs from July 1 to June 30. (FY04 = July 1, 2003 - June 30, 2004 and FY06 = July 1, 2005 - June 30, 2006). Final expenditures matched to budgeted encumbrances can be obtained only at the end of the accounts payable period for a state fiscal year. This reporting is consistent with budgets presented in previous applications and annual reports.

Contracted Service Amounts

Dollar amounts for purchased services, by program type and vender, are available upon request.

FIELD LEVEL NOTES

1. Section Number: Main

Field Name: FedAllocExpended

Row Name: Federal Allocation

Column Name: Expended

Year: 2003

Field Note:

The allocation amount shown in the Expended Column of \$9,933,047 represents the difference between the total federal funds expended (\$12,729,921) and the amount of carry-forward funds (exclusive of the final FY02 quarterly allotment) available; "older" federal funds are expended before new allocations.

In FY03 federal expenditures (from new and unobligated balance funds combined) were approximately 94% of the FY03 projected budget (a total of \$12,729,921 expended compared with \$13,565,991 budgeted). The differences were due primarily to normal staff turnover, vendors not completely billing out annual contracts, and transfers of some general support costs to other funding sources (state and federal).

2. Section Number: Main

Field Name: FedAllocExpended

Row Name: Federal Allocation

Column Name: Expended

Year: 2004

Field Note:

The allocation amount shown in the Expended Column of \$10,163,098 represents the difference between the total federal funds expended (\$12,282,811) and the amount of carry-forward funds (exclusive of the final FY03 quarterly allotment) available; "older" federal funds are expended before new allocations.

In FY04 federal expenditures (from new and unobligated balance funds combined) were approximately 89% of the FY04 projected budget (a total of \$12,282,811 expended compared with \$13,851,052 budgeted). The differences were due primarily to normal staff turnover, vendors not completely billing out annual contracts, and continued transfers of some general support costs to other funding sources (state and federal).

3. Section Number: Main

Field Name: UnobligatedBalanceExpended

Row Name: Unobligated Balance

Column Name: Expended

Year: 2003

Field Note:

The FY03 Unobligated Balance expended is higher than the amount originally budgeted. We generally do not fully budget the sum of the new allocations and the carryover from the previous year; therefore the sum of lines 1 and 2 in any Budgeted Column is not the same as "Total Funds Available." The precise amount of carryover cannot be calculated at the time the new budget is prepared, as accounts payable extends for at least 2 months after the close of the state fiscal year.

Another systematic difference between the Federal Budgeted and Expended Columns is that when showing the budget, the new federal award is shown in full (per instructions) and only the amount of unobligated carry-forward funds necessary to meet our program needs is budgeted. However, expenditures are always paid first with the "oldest" federal funds, not the new award. Therefore for expenditures, only the amount of the new grant needed to make all budgeted payments is actually expended. The final federal balance forward for FY03 was \$2,796,874, whereas only \$1,493,240 had been budgeted originally.

4. Section Number: Main

Field Name: UnobligatedBalanceExpended

Row Name: Unobligated Balance

Column Name: Expended

Year: 2004

Field Note:

The FY04 Unobligated Balance expended is higher than the amount originally budgeted. We generally do not fully budget the sum of the new allocations and the carryover from the previous year; therefore the sum of lines 1 and 2 in any Budgeted Column is not the same as "Total Funds Available." The precise amount of carryover cannot be calculated at the time the new budget is prepared, as accounts payable extends for at least 2 months after the close of the state fiscal year.

Another systematic difference between the Federal Budgeted and Expended Columns is that when showing the budget, the new federal award is shown in full (per instructions) and only the amount of unobligated carry-forward funds necessary to meet our program needs is budgeted. However, expenditures are always paid first with the "oldest" federal funds, not the new award. Therefore for expenditures, only the amount of the new grant needed to make all budgeted payments is actually expended. The final federal balance forward for FY04 was \$2,119,713, whereas only \$1,804,957 had been budgeted originally.

5. Section Number: Main

Field Name: StateMCHFundsExpended

Row Name: State Funds

Column Name: Expended

Year: 2003

Field Note:

The following state accounts or portions of state accounts make up the total "State Funds Expended" amount of \$78,191,530 (expended amounts are shown in parentheses):

Family Health Services account (\$9,989,477). [Note: This is not the total expenditure for the account, as portions earmarked for non-MCH services are not counted as state MCH match.]

Healthy Start account (\$6,779,774)

State funds portion of Medicaid ISA for Medicaid outreach for pregnant / postpartum women (Healthy Start) (\$49,982)

Medicaid ISA for MCH Home Visiting Programs (\$500,000)

Teen Pregnancy Prevention Challenge Fund (\$407,579)

Early Intervention account, including supplemental budget (\$28,562,518)

Early Intervention retained revenue account (\$2,538,952)

Children's Medical Security Program account (\$14,089,251)

Portion of Mass. Tobacco Control Program account (for school health) (\$2,806,738)

School-Based Health Centers (\$2,408,389)

School Health Services (\$9,309,504)

Dental Health account (partial) (\$100,923)

Newborn Hearing Screening – included in Family Health account for FY03

Portions of other state shared administrative accounts (for some payroll expenses and office operations) (\$648,443).

Based on FY03 total federal MCH expenditures of \$12,729,921, this breaks out as FY03 State Match (\$3 state for every \$4 federal) expenditures of \$9,547,441 and State Over Match expenditures of \$68,644,089.

The state budget for FY03 (which began July 1, 2002) was reduced by the executive branch twice during the year after our final Partnership Budget was filed, due to a continuing worsening of the state's fiscal situation. Because most accounts had been substantially reduced in the initial FY03 budget, only two state accounts that were part

of the Partnership Budget were affected – those supporting school health services and school-based health centers. However, they were dramatically reduced by 42%, from an original total of \$25,273,620 to a final level of \$14,577,331. The net impact of the cuts on programmatic services are discussed in relationship to Forms 4 and 5.

6. Section Number: Main

Field Name: StateMCHFundsExpended

Row Name: State Funds

Column Name: Expended

Year: 2004

Field Note:

The following state accounts or portions of state accounts make up the total "State Funds Expended" amount of \$69,129,506 (expended amounts are shown in parentheses):

Family Health Services account (\$4,693,885), including a supplemental budget of over \$1.8M after our FY04 application was revised. [Note: This is not the total expenditure for the account, as portions earmarked for non-MCH services are not counted as state MCH match.]

Healthy Start accounts (\$6,334,946)

Medicaid ISA for MCH Home Visiting Programs (\$497,180)

Teen Pregnancy Prevention Challenge Fund (\$474,029)

Early Intervention account (\$28,865,406)

Early Intervention retained revenue account (\$2,555,411)

Children's Medical Security Program account (\$11,629,030)

School-Based Health Centers (\$2,929,137)

School Health Services (\$9,005,430)

Dental Health account (partial) (\$48,955)

Newborn Hearing Screening (\$60,692)

Portions of other state shared administrative accounts (for all state payroll expenses and for office operations) (\$2,035,405).

Based on FY04 total federal MCH expenditures of \$12,282,811, this breaks out as FY04 State Match (\$3 state for every \$4 federal) expenditures of \$9,212,108 and State

Over Match expenditures of \$59,917,398.

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: MA

	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 9,219,553	\$ 8,828,182	\$ 3,483,251	\$ 0	\$ 3,571,556	\$ 0
b. Infants < 1 year old	\$ 2,561,192	\$ 1,975,900	\$ 1,384,958	\$ 0	\$ 1,303,616	\$ 0
c. Children 1 to 22 years old	\$ 28,045,862	\$ 27,833,229	\$ 18,110,315	\$ 0	\$ 18,172,827	\$ 0
d. Children with Special Healthcare Needs	\$ 39,635,951	\$ 37,798,752	\$ 41,572,050	\$ 0	\$ 39,304,490	\$ 0
e. Others	\$ 1,380,334	\$ 3,762,757	\$ 2,532,963	\$ 0	\$ 5,839,136	\$ 0
f. Administration	\$ 2,083,287	\$ 1,213,497	\$ 1,366,498	\$ 0	\$ 1,370,842	\$ 0
g. SUBTOTAL	\$ 82,926,179	\$ 81,412,317	\$ 68,450,035	\$ 0	\$ 69,562,467	\$ 0
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 920,106		\$ 1,148,385		\$ 915,000	
b. SSDI	\$ 100,000		\$ 100,000		\$ 100,000	
c. CISS	\$ 150,000		\$ 157,832		\$ 170,447	
d. Abstinence Education	\$ 799,378		\$ 885,814		\$ 727,472	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 202,240		\$ 125,000		\$ 100,000	
g. WIC	\$ 98,459,010		\$ 99,732,710		\$ 104,983,370	
h. AIDS	\$ 888,348		\$ 888,348		\$ 888,693	
i. CDC	\$ 3,016,755		\$ 3,286,012		\$ 3,257,510	
j. Education	\$ 8,979,155		\$ 9,301,049		\$ 9,078,513	
k. Other						
Dept of Justice	\$ 0		\$ 464,418		\$ 899,948	
HRSA - Bioterrorism	\$ 0		\$ 0		\$ 234,362	
Substance Abuse	\$ 0		\$ 0		\$ 15,000	
SAMHSA Block Grant	\$ 0		\$ 15,000		\$ 0	
Department of Justic	\$ 449,850		\$ 0		\$ 0	
Other federal	\$ 15,000		\$ 0		\$ 0	
III. SUBTOTAL	\$ 113,979,842		\$ 116,104,568		\$ 121,370,315	

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: MA

	FY 2001		FY 2002		FY 2003	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 10,738,885	\$ 12,323,823	\$ 12,466,849	\$ 11,595,964	\$ 10,949,535	\$ 9,950,610
b. Infants < 1 year old	\$ 2,571,718	\$ 2,132,582	\$ 2,817,561	\$ 1,959,110	\$ 2,257,582	\$ 1,774,912
c. Children 1 to 22 years old	\$ 48,650,333	\$ 46,493,637	\$ 43,090,739	\$ 45,997,995	\$ 42,162,056	\$ 34,291,840
d. Children with Special Healthcare Needs	\$ 38,441,365	\$ 40,334,298	\$ 34,162,295	\$ 40,449,006	\$ 39,990,057	\$ 37,629,089
e. Others	\$ 6,399,348	\$ 6,328,143	\$ 6,384,873	\$ 6,314,052	\$ 5,595,769	\$ 5,469,066
f. Administration	\$ 3,095,581	\$ 1,958,432	\$ 3,058,948	\$ 2,159,956	\$ 3,500,927	\$ 1,805,934
g. SUBTOTAL	\$ 109,897,230	\$ 109,570,915	\$ 101,981,265	\$ 108,476,083	\$ 104,455,926	\$ 90,921,451
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 805,243		\$ 1,190,110		\$ 1,066,478	
b. SSDI	\$ 150,369		\$ 100,000		\$ 123,043	
c. CISS	\$ 169,811		\$ 184,650		\$ 141,080	
d. Abstinence Education	\$ 872,141		\$ 952,310		\$ 861,557	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 146,053		\$ 245,950		\$ 202,240	
g. WIC	\$ 96,320,751		\$ 96,642,518		\$ 99,345,568	
h. AIDS	\$ 909,284		\$ 888,693		\$ 888,693	
i. CDC	\$ 1,872,546		\$ 1,036,032		\$ 1,773,900	
j. Education	\$ 8,942,166		\$ 8,942,000		\$ 9,779,155	
k. Other						
Department of Justice	\$ 397,104		\$ 400,000		\$ 465,560	
Other Federal	\$ 0		\$ 0		\$ 15,000	
Medicaid	\$ 360,828		\$ 35,850		\$ 0	
Other federal	\$ 15,000		\$ 15,000		\$ 0	
III. SUBTOTAL	\$ 110,961,296		\$ 110,633,113		\$ 114,662,274	

FORM NOTES FOR FORM 4

It may appear from Form 4 that Massachusetts distributes our funding among MCH Population groups in a variable manner from year to year and that certain groups differ significantly in FY06 from their FY05 or previous shares. This picture is misleading because Form 4 presents the entire MCH Federal-State Partnership budget, which in our case is over 80% state funds (83% in FY04 and 87% in FY03). A more accurate picture of our commitment to the MCH Populations may be seen in the tables attached to Part 5, Section B of the Narrative portion of our Application, which presents data separately for federal and state funds over several years. A comparison of Form 4 and this table illustrates that virtually all of the year to year variation in the relative distribution of funds across population groups is due to variations in state funding. The overall reductions in funding in categories from FY03 through FY06 are due to the loss of state funds, down from \$90,889,935 in FY03 to \$69,075,127 in FY04 and to \$56,278,528 in FY06. After FY04, the drop (which has stabilized now) was due to the transfer of two major state insurance programs – Healthy Start and Children's Medical Security Program – out of the Title V agency. Based on the categorical nature of our state funding stream (and the fact that cuts and increases are often not proportional across accounts), the impact of state funding changes is not felt equally across all of MCH population groups.

FIELD LEVEL NOTES

1. **Section Number:** I. Federal-State MCH Block Grant Partnership

Field Name: PregWomenBudgeted

Row Name: Pregnant Women

Column Name: Budgeted

Year: 2004

Field Note:

2. **Section Number:** I. Federal-State MCH Block Grant Partnership

Field Name: PregWomenExpended

Row Name: Pregnant Women

Column Name: Expended

Year: 2003

Field Note:

3. **Section Number:** I. Federal-State MCH Block Grant Partnership

Field Name: Children_0_1Budgeted

Row Name: Infants <1 year old

Column Name: Budgeted

Year: 2004

Field Note:

4. **Section Number:** I. Federal-State MCH Block Grant Partnership

Field Name: Children_0_1Expended

Row Name: Infants <1 year old

Column Name: Expended

Year: 2003

Field Note:

Final FY03 Expended totals are more than 10% lower than the FY03 Budgeted totals. This is principally due to the reduction in total "shared" expenditures by about \$1.3M from their initial budgeted level, due to staff vacancies, early retirements (as part of the forced emergency cuts during FY03), and some cost-shifting to non-Partnership accounts. These Shared costs (either budgeted or expended) are allocated across the MCH population categories in proportion to each category's share of direct costs. Thus the savings in Shared costs helps account for the lower expenditures in all categories, but because of the relatively small total for Infants, the effect is magnified enough to trigger the TVIS filter of a 10% difference. Direct expenditures for Infants (from both federal and state funds) only differed from the budgeted totals by approximately 7%.

5. **Section Number:** I. Federal-State MCH Block Grant Partnership

Field Name: Children_0_1Expended

Row Name: Infants <1 year old

Column Name: Expended

Year: 2004

Field Note:

Final FY04 Expended totals are more than 10% lower than the FY04 Budgeted totals. This is principally due to the reduction in total "shared" expenditures by about \$1.2M from their initial budgeted level, due to staff vacancies and some cost-shifting to non-Partnership accounts. These Shared costs (either budgeted or expended) are allocated across the MCH population categories in proportion to each category's share of direct costs. Thus the savings in Shared costs helps account for the lower expenditures in all categories, but because of the relatively small total for Infants, the effect is magnified enough to trigger the TVIS filter of a 10% difference. Adding to this impact, expenditures for the start-up year of the Early Intervention Partnership program ran almost \$300,000 less than initially budgeted.

6. **Section Number:** I. Federal-State MCH Block Grant Partnership

Field Name: Children_1_22Budgeted

Row Name: Children 1 to 22 years old

Column Name: Budgeted

Year: 2004

Field Note:

7. **Section Number:** I. Federal-State MCH Block Grant Partnership

Field Name: Children_1_22Expended

Row Name: Children 1 to 22 years old

Column Name: Expended

Year: 2003

Field Note:

Final FY03 Expended totals are different from FY03 Budgeted totals. Emergency cuts were made to the state FY03 budget after our application was filed. The school health-related accounts were reduced by approximately 42% mid-year. These funds were primarily targeted to children in this population category and thus total spending fell. (See Notes to Form 3 also.)

8. **Section Number:** I. Federal-State MCH Block Grant Partnership

Field Name: CSHCNBudgeted

Row Name: CSHCN

Column Name: Budgeted

Year: 2004

Field Note:

9. **Section Number:** I. Federal-State MCH Block Grant Partnership

Field Name: AllOthersExpended

Row Name: All Others

Column Name: Expended

Year: 2004

Field Note:

Final FY04 Expended totals are substantially higher than the FY04 Budgeted totals, due to an error in the allocation of Family Planning state dollars in the FY04 budget document. They were mistakenly assigned to Category D (children with special health needs) rather than to Category E (Others) and to Category C (Children ages 1 – 22). This error has been corrected in the final Expended calculations. In addition, state funding for Rape Crisis Centers and Family Planning was increased after the final revision to our FY04 application through a state supplemental budget, further raising the FY04 expenditure level. Because all of the funds involved in these changes were state, none of the federal required percentages for either children and adolescents or for children with special needs were affected.

10. Section Number: I. Federal-State MCH Block Grant Partnership

Field Name: AdminBudgeted

Row Name: Administration

Column Name: Budgeted

Year: 2004

Field Note:

11. Section Number: I. Federal-State MCH Block Grant Partnership

Field Name: AdminExpended

Row Name: Administration

Column Name: Expended

Year: 2003

Field Note:

Final FY03 Expended totals are significantly lower than the FY03 Budgeted totals. This difference reflects two different situations in FY03. Substantial (42%) cuts in school health-related accounts resulted in sharp cuts to their contributions to administrative costs (including staff support) for the Bureau and the Department. In addition, the Bureau continued to be quite successful in both reducing overall administration costs and in shifting a number of them to other state and federal accounts that are not part of the Partnership budget. This trend in lower administration costs within the Partnership budget can also be seen in the proposed FY05 budget – which is again lower.

12. Section Number: I. Federal-State MCH Block Grant Partnership

Field Name: AdminExpended

Row Name: Administration

Column Name: Expended

Year: 2004

Field Note:

Final FY04 Expended totals are significantly lower than the FY04 Budgeted totals. This difference reflects two different situations in FY04. First, with some changes in how state personnel costs are charged, a number of non-MCH-related state administrative expenses were removed entirely from the Partnership budget calculations – for clarity and consistency. [They are no longer a portion of the accounts that we consider part of the partnership and can more easily be separated.] In addition, the Bureau continued to be successful in both reducing overall administration costs and in shifting a number of them to other state and federal accounts that are not part of the Partnership budget. This trend in lower administration costs within the Partnership budget can also be seen in the proposed FY06 budget – which remains at its lower FY05 level.

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: MA

TYPE OF SERVICE	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 18,982,228	\$ 20,993,647	\$ 19,230,392	\$ 0	\$ 23,760,764	\$ 0
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 39,487,961	\$ 35,701,843	\$ 23,847,802	\$ 0	\$ 19,193,037	\$ 0
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 9,091,330	\$ 9,800,669	\$ 10,683,506	\$ 0	\$ 11,075,412	\$ 0
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 15,364,660	\$ 14,916,158	\$ 14,688,335	\$ 0	\$ 15,533,254	\$ 0
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 82,926,179	\$ 81,412,317	\$ 68,450,035	\$ 0	\$ 69,562,467	\$ 0

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: MA

TYPE OF SERVICE	FY 2001		FY 2002		FY 2003	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 23,817,366	\$ 26,794,389	\$ 22,363,875	\$ 26,694,233	\$ 24,344,578	\$ 23,292,470
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 47,182,911	\$ 43,995,156	\$ 48,617,131	\$ 42,893,456	\$ 44,364,123	\$ 37,138,048
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 13,021,561	\$ 15,120,073	\$ 10,227,652	\$ 15,265,771	\$ 13,838,296	\$ 12,899,548
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 25,875,392	\$ 23,661,297	\$ 20,772,607	\$ 23,622,624	\$ 21,908,929	\$ 17,591,385
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 109,897,230	\$ 109,570,915	\$ 101,981,265	\$ 108,476,084	\$ 104,455,926	\$ 90,921,451

FORM NOTES FOR FORM 5

It may appear from Form 5 that Massachusetts continues to devote a large proportion of our funding on Direct Health Care Services, rather than shifting toward the Infrastructure Building Services at the "base" of the MCH Pyramid as recommended by MCHB. This picture is misleading, however, because Form 5 presents the entire MCH Federal-State Partnership budget, which in our case is over 80% state funds (83% in FY04 and 87% in FY03). The state funds are generally targeted toward direct and enabling services and in fact the generous level of state funding over the years has allowed us to increasingly focus our federal MCH dollars on infrastructure building, reducing the level of federal funding for direct and enabling services without reducing services for women, children and families. A more accurate picture of our commitment to the MCH Pyramid may be seen in the tables attached to Part 5, Section B of the Narrative portion of our Application, which present data for federal and state funds separately over several years. A comparison of Form 5 and these tables illustrates that virtually all of the year to year variation in the relative distribution of funds across the pyramid is due to variations in state funding, which we are not able to control or direct to the same degree as federal funds. For example, between 55% and 58% of federal funds have been allocated to Infrastructure each year and only approximately 11% to Direct Services. The overall reductions in funding in categories from FY03 through FY06 are due to the loss of state funds, down from \$90,889,935 in FY03 to \$69,075,127 in FY04 and to \$56,278,528 in FY06. After FY04, the drop (which has stabilized now) was due to the transfer of two major state insurance programs – Healthy Start and Children's Medical Security Program – out of the Title V agency. Based on the categorical nature of our state funding stream (and the disproportion cuts in some accounts), the impact of the state funding cuts is not felt equally across all of the federal MCH pyramid. In particular, the loss of the insurance programs has affected the overall budget for Enabling Services, of which they were a major component. At the same time, partial restoration of funding levels for Family Planning and School-Based Health Centers has increased the percentage of remaining state funds going for Direct Services.

FIELD LEVEL NOTES

- 1. Section Number:** Main
Field Name: DirectHCBudgeted
Row Name: Direct Health Care Services
Column Name: Budgeted
Year: 2004
Field Note:
- 2. Section Number:** Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2004
Field Note:
Final FY04 Expended totals are significantly higher than FY04 Budgeted totals for Direct Services for two reasons. First, there was an error in the allocation of the bulk of Family Planning state dollars in the FY04 budget document to Enabling Services rather than to Direct Services. This error has been corrected in the final Expended calculations and accounts for about \$1M of the difference. In addition, state funding for Family Planning was increased after the final revision to our FY04 application through a state supplemental budget, further raising the FY04 expenditure level.
- 3. Section Number:** Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2003
Field Note:
Final FY03 Expended totals are significantly different from FY03 Budgeted totals for Enabling Services. (See Notes to Form 3 also). Emergency cuts were made to the state FY03 budget after our application was filed. The school health-related accounts were reduced by approximately 42% mid-year. As approximately 25% of Enhanced School Health Services grants to cities and towns and 10% of School-Based Health Centers contracts are for Enabling Services activities, this reduction in state funds was a major contributing factor to the lower expenditure amounts. In addition, not all state CMSP insurance funding originally budgeted was expended during FY03.
- 4. Section Number:** Main
Field Name: PopBasedBudgeted
Row Name: Population-Based Services
Column Name: Budgeted
Year: 2004
Field Note:
Massachusetts appears to spend relatively less on Population-Based Services than the general shape of the "MCH Pyramid" might suggest. This is due to the fact that most of the Commonwealth's extensive population-based services for the MCH populations are located elsewhere in the Department of Public Health or otherwise not under the direction of the state Title V Director. They are thus not included in Form 5. These services and programs include the Massachusetts Immunization Program, the New England Newborn Screening Program, and the Childhood Lead Poisoning Prevention Program. In addition, many population-based programs by their nature tend to be less costly than enabling or direct health care programs serving fewer persons.
- 5. Section Number:** Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2003
Field Note:
Massachusetts appears to spend relatively less on Population-Based Services than the general shape of the "MCH Pyramid" might suggest. This is due to the fact that most of the Commonwealth's extensive population-based services for the MCH populations are located elsewhere in the Department of Public Health or otherwise not under the direction of the state Title V Director. They are thus not included in Form 5. These services and programs include the Massachusetts Immunization Program, the New England Newborn Screening Program, and the Childhood Lead Poisoning Prevention Program. In addition, many population-based programs by their nature tend to be less costly than enabling or direct health care programs serving fewer persons.
- 6. Section Number:** Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2004
Field Note:
Massachusetts appears to spend relatively less on Population-Based Services than the general shape of the "MCH Pyramid" might suggest. This is due to the fact that most of the Commonwealth's extensive population-based services for the MCH populations are located elsewhere in the Department of Public Health or otherwise not under the direction of the state Title V Director. They are thus not included in Form 5. These services and programs include the Massachusetts Immunization Program, the New England Newborn Screening Program, and the Childhood Lead Poisoning Prevention Program. In addition, many population-based programs by their nature tend to be less costly than enabling or direct health care programs serving fewer persons.
- 7. Section Number:** Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2003
Field Note:
Final FY03 Expended totals are significantly lower than the FY03 Budgeted totals for Infrastructure Building. Emergency cuts were made to the state FY03 budget after our application was filed. The school health-related accounts were reduced by approximately 42% mid-year. Because a significant proportion of these funds was targeted to improving school health services infrastructure (both through Title V agency staff support and substantial grants to over a hundred cities and towns to improve school

nursing services), a major result of the loss of funds was this drop in Infrastructure Building expenditures.

FORM 6

NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED

Sect. 506(a)(2)(B)(iii)

STATE: MA

Total Births by Occurrence: 79,400

Reporting Year: 2004

Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment(3)	
	No.	%			No.	%
Phenylketonuria	79,142	99.7	112	2	2	100
Congenital Hypothyroidism	79,142	99.7	1,250	52	52	100
Galactosemia	79,142	99.7	50	2	2	100
Sickle Cell Disease	79,142	99.7	31	31	31	100
Other Screening (Specify)						
Biotinidase Deficiency	79,142	99.7	138	0	0	
Homocystinuria	79,142	99.7	137	0	0	
Toxoplasmosis	79,142	99.7	40	1	1	100
Congenital Adrenal Hyperplasia (CAH)	79,142	99.7	172	5	5	100
Maple Syrup Urine Disease (MSUD)	79,142	99.7	18	3	3	100
Medium Chain AcylCo-A Dehydrogenase (MCAD)	79,142	99.7	36	4	4	100
Optional Cystic Fibrosis	78,652	99.1	244	27	27	100
Optional Metabolic Panel	78,656	99.1	179	5	5	100

Screening Programs for Older Children & Women (Specify Tests by name)

- (1) Use occurrent births as denominator.
 (2) Report only those from resident births.
 (3) Use number of confirmed cases as denominator.

FORM NOTES FOR FORM 6

The New England Newborn Screening Program (NENSP) at the University of Massachusetts Medical School provided all these newborn screening services and furnished these data. Every newborn is screened for ten disorders. Every newborn with abnormal results is tracked to a normal result or appropriate clinical care. Data are for the calendar year 2004. For this year, the numbers reported were babies from whom at least one specimen card was received by the NENSP indicating (in the birth facility field on the card) that the baby was born in Massachusetts. If the birth facility was not given, then the baby was counted only if the specimen card was a Massachusetts card. For example, if the only specimens received on a baby born in MA were RI cards, and the correct MA birth hospital was not indicated on the card, then the baby would not be counted in these numbers.

In addition to the 10 mandatory tests, optional screening is offered for Cystic Fibrosis and for an Extended Panel of 19 disorders: Tyrosinemia I, Tyrosinemia II, HMG Lyase Deficiency, Argininosuccinic Aciduria, Isovaleric Acidemia, HHH Syndrome, Glutaric Acidemia I, Glutaric Acidemia II, Citrullinemia, Argininemia, CPT Deficiency, Propionic Acidemia, Methylmalonic Aciduria (MMA), β -Methyl Crotonyl Carboxylase (MCC), LCHAD [long-chain hydroxyacyl-CoA dehydrogenase deficiency], VLCAD [very-long-chain acyl-CoA dehydrogenase deficiency], SCAD [short-chain acyl-CoA dehydrogenase deficiency], LCAD [long-chain acyl-CoA dehydrogenase deficiency], and β -Ketothiolase Deficiency [2-methylacetoacetyl-CoA thiolase deficiency]. In 2004, 99% of parents participated in the voluntary testing.

Only confirmed cases from resident births are reported here.

FIELD LEVEL NOTES

1. Section Number: Main

Field Name: SickCellDisease_OneScreenNo

Row Name: SickCellDisease

Column Name: Receiving at least one screen

Year: 2006

Field Note:

Screening is reported for "Hemoglobin Disorders," not just "Sickle Cell Disease."

2. Section Number: Main

Field Name: Congenital_Presumptive

Row Name: Congenital

Column Name: Presumptive positive screens

Year: 2006

Field Note:

The number of presumptive positives for congenital hypothyroidism may appear quite high in comparison with data from other states. The following explanation should help clarify why.

The NENSP uses a two-tiered testing algorithm for the hypothyroid screen, using both a T4 and a TSH test. The 1,250 presumptive positive screens in Column B represent cases where T4 OR TSH values were out of range for at least one sample. Many of these are in low birth weight NICU babies, a population known to yield elevated results on these tests, and most of whom are not really presumed to have hypothyroidism. Some programs ignore babies who only have "T4 only" out-of-range, and for the purpose of these reports only count babies with elevated TSH as "presumptive" positive. (We have done this in the past ourselves.) In fact some programs do not even follow up on babies who have an out-of-range T4 if there is not also an out-of-range TSH. This practice does run a risk of missing certain babies with hypothyroidism. NENSP follows up by getting additional specimens from any baby who yields an out of range test for "T4 plus TSH", T4 alone, or TSH alone. If it were not for the hypothyroid screen, these babies would not have follow-up samples required; thus to this extent, they are "presumptive" positive until further testing shows otherwise.

3. Section Number: Main

Field Name: SickCellDisease_Presumptive

Row Name: SickCellDisease

Column Name: Presumptive positive screens

Year: 2006

Field Note:

The number of presumptive positive screens is the same as the number of confirmed positives for sickling disorders. This may appear to be an error, but the numbers are correct. Unlike most other tests, a presumptive positive sickle cell test generally confirms.

4. Section Number: Main

Field Name: SickCellDisease_Confirmed

Row Name: SickCellDisease

Column Name: Confirmed Cases

Year: 2006

Field Note:

The number of presumptive positive screens is the same as the number of confirmed positives for sickling disorders. This may appear to be an error, but the numbers are correct. Unlike most other tests, a presumptive positive sickle cell test generally confirms.

5. Section Number: Other Screening Types

Field Name: Other

Row Name: All Rows

Column Name: All Columns

Year: 2006

Field Note:

In addition to the 10 mandatory tests, optional screening is offered for Cystic Fibrosis and for an Extended Panel of 19 disorders. (See Form-Level note for a listing.) In 2004, 99% of parents participated in the voluntary testing.

The results for 2004 for the optional metabolic panel disorders testing are shown in the last line of the Form. The "# Presumed Positive" is reported combined for these disorders, because some blood analytes may be associated with more than one of these disorders, making the usual statistics misleading. The 5 confirmed and treated disorders in 2004 were as follows: MMA (1 + 1 cobalamin A), SCAD (1), VLCAD (2); also detected 3 carnitine transport defects.

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: MA

Reporting Year: 2004

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	16,325	22.9	0.0	68.2	3.0	5.9
Infants < 1 year old	14,317	50.1	0.0	20.9	10.8	18.2
Children 1 to 22 years old	257,258	32.0	0.0	37.8	18.4	11.8
Children with Special Healthcare Needs	36,260	33.9	0.0	59.8	2.4	3.9
Others	39,014	2.1	0.0	3.4	59.5	35.0
TOTAL	363,174					

FORM NOTES FOR FORM 7

Please see the Attachment file for Part IV, Section E of the Narrative ("Other Program Activities"). The second part of that attachment is a Table entitled "Massachusetts Program Service Numbers by MCH Categories, FY04." This table summarizes the numbers of persons served, by MCH population groups, for each of our MCH-related programs. It contains more detail by program and also includes a wide array of infrastructure-building and indirect services activities (e.g. training, technical assistance, outreach) that are not included in Form 7. Where the services are included in Form 7, the totals of persons served are identical.

FIELD LEVEL NOTES

- 1. Section Number:** Main
Field Name: PregWomen_TS
Row Name: Pregnant Women
Column Name: Title V Total Served
Year: 2006
Field Note:
This category includes pregnant women served by the following programs: Healthy Start (including women covered by Medicaid through the "unborn child" option) (10,011), Perinatal Primary Care (7,156), and EI Partnership Programs (229). Total adjusted for double-count of 1,071. Effective in FY05, the Healthy Start program is no longer at MDPH and will be dropped from the data reported on this Form.
- 2. Section Number:** Main
Field Name: PregWomen_XXI
Row Name: Pregnant Women
Column Name: Title XXI %
Year: 2006
Field Note:
The Massachusetts SCHIP program has been implemented in large part through expanded MassHealth (Medicaid) eligibility. At the service delivery end (where our data come from on insurance sources for clients served), the distinction between Title XIX and Title XXI cannot be made. All of these clients are included in the Title XIX column.
- 3. Section Number:** Main
Field Name: PregWomen_Private
Row Name: Pregnant Women
Column Name: Private/Other %
Year: 2006
Field Note:
This category includes substantial numbers of persons in FY04 with state-funded insurance benefits through the Healthy Start program (for pregnant women) and the Children's Medical Security Program (CMSP) (for children and adolescents). For example, the total of 68.15% of pregnant women with Private/Other coverage includes the 61.3% who have Healthy Start coverage. Approximately 4% of the infants served and 14% of the children have CMSP coverage, respectively. These numbers will change significantly in FY05 and beyond: total Healthy Start and CMSP service numbers will no longer be reported here, as the programs are no longer administered by the Title V agency.
- 4. Section Number:** Main
Field Name: Children_0_1_TS
Row Name: Infants <1 year of age
Column Name: Title V Total Served
Year: 2006
Field Note:
This category includes Infants (not including infants receiving special health needs services) served by the following programs: Pediatric Primary Care (8,851); FIRSTLink initial home visits (2,770); Children's Medical Security Program (CMSP) (63); School-Based Health Centers (27), and Poison Control Center calls (2,606). Effective in FY05, CMSP is no longer at MDPH and will be dropped from the data reported on this Form. The total served was lower than in FY03 due to two factors: Healthy Start no longer paid for any infant care as they all were immediately Medicaid-eligible; and EIPP (the successor to FIRSTSteps) did not serve any infants in its start-up year of FY04.

The number of infants served is substantially different from the number of occurrence births shown in Form 6 because Title V Partnership funds in Massachusetts do not pay for universal newborn screening (either blood or hearing screening), the typical services that would be considered to reach every newborn. Although the Bureau now reviews all newborn hearing screening results from the Electronic Birth Certificates, we do not consider this to be a "service paid for by Title V" and thus do not report all newborns here. We do offer follow-up for positive findings and those numbers are included in the "Children with Special Health Care Needs" category.

The total number of infants served shown here is less than the total shown on Form 8 for the following reason. In Form 7, all children with special health care needs, regardless of age, are put into the CSHCN population group, and only other infants served ("not otherwise counted") are included in the "Infants" population group. However, a minimum (unduplicated count) of 13,303 infants with special health needs were served in such programs as Early Intervention, Case Management/Family Support, FIRSTLink/EIPP, Newborn Hearing Positive Findings Follow-up, and Growth and Nutrition. On Form 8, these infants have been added to the totals for infants served.
- 5. Section Number:** Main
Field Name: Children_0_1_XXI
Row Name: Infants <1 year of age
Column Name: Title XXI %
Year: 2006
Field Note:
The Massachusetts SCHIP program has been implemented in large part through expanded MassHealth (Medicaid) eligibility. At the service delivery end (where our data come from on insurance sources for clients served), the distinction between Title XIX and Title XXI cannot be made. All of these clients are included in the Title XIX column.
- 6. Section Number:** Main
Field Name: Children_0_1_Private
Row Name: Infants <1 year of age
Column Name: Private/Other %
Year: 2006
Field Note:
This category includes substantial numbers of persons in FY04 with state-funded insurance benefits through the Healthy Start program (for pregnant women) and the Children's Medical Security Program (CMSP) (for children and adolescents). For example, the total of 68.15% of pregnant women with Private/Other coverage includes the 61.3% who have Healthy Start coverage. Approximately 4% of the infants served and 14% of the children have CMSP coverage, respectively. These numbers will change significantly in FY05 and beyond: total Healthy Start and CMSP service numbers will no longer be reported here, as the programs are no longer administered by the Title V agency.
- 7. Section Number:** Main
Field Name: Children_0_1_Unknown
Row Name: Infants <1 year of age
Column Name: Unknown %
Year: 2006
Field Note:
The higher percentage of clients with "unknown coverage" among infants and children when compared with pregnant women and children with special health needs and with reported overall insurance rates in the state is somewhat misleading and is due to the nature of several large service programs provided by Title V. Two large programs serving children and youth, the statewide Poison Control Center and the Teen Pregnancy Prevention Coalitions, are population-based programs that do not collect insurance data because the services being provided are not covered by insurance. Many of these children and their families probably have some form of insurance, but we do not have that information. On the other hand, most of the services provided to pregnant women and to children with special health care needs (Early Intervention in particular), are delivered in programs that are required to bill Medicaid and other third parties and thus have thorough information on the insurance status of all clients.

8. **Section Number:** Main
Field Name: Children_1_22_TS
Row Name: Children 1 to 22 years of age
Column Name: Title V Total Served
Year: 2006
Field Note:
This category includes children (not counted elsewhere) served by the following programs: Pediatric Primary Care (144,955); CMSP (35,023); FIRSTLink teen moms (1,402); Diagnostic Hearing exams (no SHN found) (1,500); School-Based Health Centers (SBHC) (8,820); Family Planning (under age 20) (12,008); Teen Pregnancy Prevention projects (on-going services) (855); Poison Control Center calls (28,814); and CLPPP (estimated at 20% of total children screened) (46,446). Total adjusted for estimated doublecount from multiple sources of 22,565. Effective in FY05, CMSP is no longer at MDPH and will be dropped from the data reported on this Form.
9. **Section Number:** Main
Field Name: Children_1_22_XXI
Row Name: Children 1 to 22 years of age
Column Name: Title XXI %
Year: 2006
Field Note:
The Massachusetts SCHIP program has been implemented in large part through expanded MassHealth (Medicaid) eligibility. At the service delivery end (where our data come from on insurance sources for clients served), the distinction between Title XIX and Title XXI cannot be made. All of these clients are included in the Title XIX column.
10. **Section Number:** Main
Field Name: Children_1_22_Private
Row Name: Children 1 to 22 years of age
Column Name: Private/Other %
Year: 2006
Field Note:
This category includes substantial numbers of persons in FY04 with state-funded insurance benefits through the Healthy Start program (for pregnant women) and the Children's Medical Security Program (CMSP) (for children and adolescents). For example, the total of 68.15% of pregnant women with Private/Other coverage includes the 61.3% who have Healthy Start coverage. Approximately 4% of the infants served and 14% of the children have CMSP coverage, respectively. These numbers will change significantly in FY05 and beyond: total Healthy Start and CMSP service numbers will no longer be reported here, as the programs are no longer administered by the Title V agency.
The percentage or those served through Pediatric and Adolescent Primary Care estimated to have CMSP coverage is considered to be a low estimate and those estimated to have no coverage to be a high estimate for a number of data collection system reasons (e.g. some health centers may record insurance status upon intake and not update the reporting database as they work to enroll patients in insurance programs for which they are eligible).
11. **Section Number:** Main
Field Name: Children_1_22_Unknown
Row Name: Children 1 to 22 years of age
Column Name: Unknown %
Year: 2006
Field Note:
The higher percentage of clients with "unknown coverage" among infants and children, when compared with pregnant women and children with special health needs and with reported overall insurance rates in the state, is somewhat misleading and is due to the nature of several large service programs provided by Title V. Two of the larger programs serving children and youth, the statewide Poison Control Center and Teen Pregnancy Prevention projects, are population-based programs that do not collect insurance data because the services being provided are not covered by insurance. Many of these children and their families probably have some form of insurance, but we do not have that information. On the other hand, most of the services provided to pregnant women and to children with special health care needs (Early Intervention in particular), are delivered in programs that are required to bill Medicaid and other third parties and thus have thorough information on the insurance status of all clients.
12. **Section Number:** Main
Field Name: CSHCN_TS
Row Name: Children with Special Health Care Needs
Column Name: Title V Total Served
Year: 2006
Field Note:
This category includes children with special health care needs served by the following programs: Early Intervention (including EI specialty and respite services) (30,415); Care Coordination (with and without Family Support; not in EI) (1,711); SBHC (with long-term health problems) (2,342); Growth and Nutrition Clinics; not also in EI (661); FIRSTLink (referrals to EI) (583); Newborn Hearing Positive Findings Follow-up, not also in EI (238); CLPPP (medical case management) (241, estimated); and Special Medical Fund (69). [EI total includes at least 788 children also receiving Growth and Nutrition, Newborn Hearing Follow-up, or Care Coordination/Family Support services.] The number of CSHCN served through Early Intervention, School-Based Health Centers and Care Coordination increased during FY04.
13. **Section Number:** Main
Field Name: AllOthers_TS
Row Name: Others
Column Name: Title V Total Served
Year: 2006
Field Note:
This category includes persons served by the following programs: Family Planning (age 20 or over) (19,953); FIRSTLink (non-teen moms) (1,875); SBHCs (clients over age 22 or unknown age) (721); Teen Pregnancy Prevention projects (on-going, over age 21) (51); Poison Control Center calls (adults and unknown age) (13,589); SIDS counseling (125 individuals, estimated), and Rape Crisis Center clients (all ages) (2,700, estimated).
14. **Section Number:** Main
Field Name: AllOthers_XXI
Row Name: Others
Column Name: Title XXI %
Year: 2006
Field Note:
The Massachusetts SCHIP program has been implemented in large part through expanded MassHealth (Medicaid) eligibility. At the service delivery end (where our data come from on insurance sources for clients served), the distinction between Title XIX and Title XXI cannot be made. All of these clients are included in the Title XIX column.
15. **Section Number:** Main
Field Name: AllOthers_None
Row Name: Others
Column Name: None %
Year: 2006
Field Note:
The high percent of clients with "no coverage" for the population group "Others" is explained by who is served. Most of those served are adult women who have received family planning services paid for with state Partnership funds. These funds may only be used for persons who are not on Medicaid and do not have other insurance. [The women covered by Medicaid or private insurance that are served by these programs are not included in these numbers.]
16. **Section Number:** Main
Field Name: AllOthers_Unknown
Row Name: Others
Column Name: Unknown %
Year: 2006
Field Note:

The high percentage of clients with "unknown coverage" among other individuals when compared with all other population groups is somewhat misleading and is due to the nature of several large service programs provided by Title V. Two of the larger programs serving other individuals - the statewide Poison Control Center and the Rape Crisis Centers, are population-based programs that do not collect insurance data because the services being provided are not covered by insurance. Many of these individuals probably have some form of insurance, but we do not have that information.

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: MA

Reporting Year: 2004

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	81,310	60,046	6,004	172	5,294			9,794
Title V Served	16,325	3,170	1,879	3	1,202		4	10,067
Eligible for Title XIX	18,056	9,283	2,713	60	1,201			4,799
INFANTS								
Total Infants in State	82,974	61,978	6,106	180	5,396			9,314
Title V Served	27,620	12,356	3,273	43	1,422		116	10,410
Eligible for Title XIX	19,821	9,257	2,939	61	1,253			6,311

II. UNDUPLICATED COUNT BY ETHNICITY

				HISPANIC OR LATINO (Sub-categories by country or area of origin)				
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	71,184	9,867	259	501	146	4,357	4,697	166
Title V Served	6,258	7,173	2,894	171	2	865	3,573	2,562
Eligible for Title XIX	13,179	4,807	70	173	15	2,312	2,244	63
INFANTS								
Total Infants in State	73,362	9,612						9,612
Title V Served	17,210	6,410	4,000	1	0	798	14	5,597
Eligible for Title XIX	14,225	5,588	8					5,588

FORM NOTES FOR FORM 8

Sources: MDPH 2003 and 2002 Birth Files for deliveries, estimated number of infants, and deliveries eligible for Medicaid (from Birth File source of prenatal care data); 2003 Fetal Deaths file for deliveries and deliveries eligible for Medicaid.
Bureau of Family and Community Health, FY04 Program databases for Title V Served estimates (see Form 7).

Title V serves a substantially greater proportion of all minority pregnant women and infants than it does of the total population.

FIELD LEVEL NOTES

1. Section Number: I. Unduplicated Count By Race

Field Name: DeliveriesTotal_All

Row Name: Total Deliveries in State

Column Name: Total All Races

Year: 2006

Field Note:

Defined as all occurrence births in 2003, the most recent data available.

2. Section Number: I. Unduplicated Count By Race

Field Name: DeliveriesTotal_RaceOther

Row Name: Total Deliveries in State

Column Name: Other and Unknown

Year: 2006

Field Note:

"Other & Unknown Race" includes all Hispanics who did not report a race; totals may differ from some published state data which assign them to "White" group.

3. Section Number: I. Unduplicated Count By Race

Field Name: DeliveriesTitleV_All

Row Name: Title V Served

Column Name: Total All Races

Year: 2006

Field Note:

Estimates of deliveries and infants served by Title V can only be reported by combined race/ethnicity categories, as this is how most programs report data to BFCH.

Although our categories of American Indian and Asian can reasonably be assumed to be accurate under either categorization, the columns labeled "White" and "Black/African American" include only "White, non-Hispanic" and "Black, non-Hispanic" persons respectively. In this section, all Hispanic persons are included in Column F with "Other" and "Unknown." Service program data include any Pacific Islander / Native Hawaiian persons in the "Asian" category. Service program data are currently reported with the category of "more than one race" only for MCH primary care services and for FIRSTLink.

4. Section Number: I. Unduplicated Count By Race

Field Name: DeliveriesTitleXIX_All

Row Name: Eligible for Title XIX

Column Name: Total All Races

Year: 2006

Field Note:

Defined as having Medicaid coverage, as measured by data from Birth Certificate on payment source for prenatal care. Excludes births for which source of payment data was missing. Data are for 2003, the most recent available.

5. Section Number: I. Unduplicated Count By Race

Field Name: InfantsTotal_All

Row Name: Total Infants in State

Column Name: Total All Races

Year: 2006

Field Note:

Number of infants is estimated based on 2002 resident births.

The total number of infants in the state reported here is substantially larger than the total of infants served by Title V shown on Form 7 for the following reason. No Title V Partnership funds are used in Massachusetts for newborn bloodspot screening or for newborn hearing screening, the typical services that would be considered to reach every newborn. Although the Bureau now reviews all newborn hearing screening results from the Electronic Birth Certificates, we do not feel comfortable reporting all newborns receiving either newborn screening as having been served with Title V Partnership funds. Infants receiving Newborn Hearing Follow-up based on positive findings are included.

6. Section Number: I. Unduplicated Count By Race

Field Name: InfantsTotal_RaceOther

Row Name: Total Infants in State

Column Name: Other and Unknown

Year: 2006

Field Note:

"Other & Unknown Race" includes all Hispanics who did not report a race; totals may differ from some published state data which assign them to "White" group.

7. Section Number: I. Unduplicated Count By Race

Field Name: InfantsTitleV_All

Row Name: Title V Served

Column Name: Total All Races

Year: 2006

Field Note:

The total number of infants served shown here differs from the total shown on Form 7 for the following reason. In Form 7, all children with special health care needs, regardless of age, are put into the CSHCN population group, and only other infants served ("not otherwise counted") are included in the "Infants" population group. However, an unduplicated count of 13,303 infants with special health needs were served in Early Intervention, Care Coordination/Family Support, FIRSTLink, Newborn Hearing Positives Follow-up, SBHCs, and Growth and Nutrition. On Form 8, these infants have been added to the totals for infants served.

Estimates of deliveries and infants served by Title V can only be reported by combined race/ethnicity categories, as this is how most programs report data to BFCH.

Although our categories of American Indian and Asian can reasonably be assumed to be accurate under either categorization, the columns labeled "White" and "Black/African American" include only "White, non-Hispanic" and "Black, non-Hispanic" persons respectively. In this section, all Hispanic persons are included in Column F with "Other" and "Unknown." Service program data include any Pacific Islander / Native Hawaiian persons in the "Asian" category. Service program data are currently reported with the category of "more than one race" only for MCH primary care services.

8. Section Number: I. Unduplicated Count By Race

Field Name: InfantsTitleXIX_All

Row Name: Eligible for Title XIX

Column Name: Total All Races

Year: 2006

Field Note:

Estimated based on source of payment for deliveries in 2002, including Healthy Start, as most of these infants are then eligible for Medicaid. Using this data source enables us to report race/ethnicity detail that is comparable to that used for estimating the total number of infants in the state, although it may underestimate the number of infants eligible for Medicaid to some degree.

9. Section Number: II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTitleV_TotalHispanic

Row Name: Title V Served

Column Name: Total Hispanic or Latino

Year: 2006

Field Note:

All "Hispanic or Latino" persons were included in Column H ("Other and Unknown") of Section I, as data from programs report on race by Hispanic ethnicity combined. Because of the small numbers of persons of Mexican or Cuban origin in the state, these subcategories are part of other categories in program databases and are not broken out separately in a consistent manner. In addition, differences among service programs in categorizing areas of origin mean that some of the persons in the "Other and Unknown" column are in fact of Central or South American origin.

10. Section Number: II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleV_TotalHispanic

Row Name: Title V Served

Column Name: Total Hispanic or Latino

Year: 2006

Field Note:

All "Hispanic or Latino" persons were included in Column H ("Other and Unknown") of Section I, as data from programs report on race by Hispanic ethnicity combined. Because of the small numbers of persons of Mexican or Cuban origin in the state, these subcategories are part of other categories in program databases and are not broken out separately in a consistent manner. In addition, differences among service programs in categorizing areas of origin mean that some of the persons in the "Other and Unknown" column are in fact of Central or South American origin.

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: MA

	FY 2006	FY 2005	FY 2004	FY 2003	FY 2002
1. State MCH Toll-Free "Hotline" Telephone Number	(800) 311-2229	(800) 311-2229	(800) 531-2229	(800) 531-2229	(800) 531-2229
2. State MCH Toll-Free "Hotline" Name	MCH Resource Line	Family Resource Line	MCH Access Family Resource Helpline	MCH Access Family Resource Helpline	MCH Access Family Resource Helpline
3. Name of Contact Person for State MCH "Hotline"	Eileen Carranza	Karin Downs	Donna E. Johnson	Lisa Levine	Lisa Levine
4. Contact Person's Telephone Number	(617) 624-5971	(617) 624-5967	(617) 624-5224	(617) 624-6028	(617) 624-6028
5. Number of calls received on the State MCH "Hotline" this reporting period	0		0	72,898	72,498

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: MA

	FY 2006	FY 2005	FY 2004	FY 2003	FY 2002
1. State MCH Toll-Free "Hotline" Telephone Number	(800) 905-8437	(800) 905-8437	(800) 905-8437	(800) 905-8437	(800) 905-8437
2. State MCH Toll-Free "Hotline" Name	Family TIES (Together in Enhancing Support)	Family TIES (Together in Enhancing Support)	Family TIES (Together in Enhancing Support)	Family TIES (Together in Enhancing Support)	Family TIES (Together in Enhancing Support)
3. Name of Contact Person for State MCH "Hotline"	Sara Miranda	Sara Miranda	Sara Miranda	Polly Sherman	Polly Sherman
4. Contact Person's Telephone Number	(617) 236-7210	(617) 236-7210	(617) 727-1111	(617) 727-1440	(617) 727-1440
5. Number of calls received on the State MCH "Hotline" this reporting period	0	0	2,380	472	414

FORM NOTES FOR FORM 9

In addition to the two lines reported on Form 9, the Bureau now has a third line of special relevance for Children with Special Health Needs and their families. As a result of the changes made during FY04 with the loss of our Health Access line and support staff, a Family/Community Resource Line staffed by Community Resource Specialists was established for families with CSHCN and providers to improve access to information, referral, family supports, and technical assistance. The line became operational in the last quarter of FY04 and handled 413 calls during that time. We will continue to report on the volume to this third line in future years.

FIELD LEVEL NOTES

1. Section Number: Main

Field Name: calls_2

Row Name: Number of calls received On the State MCH Hotline This reporting period

Column Name: FY

Year: 2004

Field Note:

Massachusetts changed our toll-free number during FY04 to the national number, because of the loss of the Health Access staff and Massachusetts-specific 1-800 line that had been used previously. The loss was due to the transfer of the Healthy Start and CMSP funding to the state Medicaid agency and the discontinuing of the programs' information and referral activities that were supported through the 1-800 line.

Other BFCH staff have been trained in providing MCH resource information and cover the new 1-800 line, which now is located within the Division of Perinatal and Early Childhood Health in our main offices. Because of the transition in FY04, calls to the new line were not recorded and we thus have no data to report. We did not receive any calls transferred through the national MCH line.

2. Section Number: Optional

Field Name: calls_1

Row Name: Number of calls received On the State MCH Hotline This reporting period

Column Name: FY

Year: 2004

Field Note:

This number represents the number of calls from parents and providers to the Family TIES and EI Parent Leadership Project toll-free lines. They are managed through the same vendor (Federation for Children with Special Needs) and support staff.

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2006
[SEC. 506(A)(1)]
STATE: MA

1. State MCH Administration:
(max 2500 characters)

The Massachusetts Title V Maternal and Child Health Services Block Grant Program is located within the Bureau of Family and Community Health (BFCH), Center for Community Health (CCH), Massachusetts Department of Public Health. The Title V program is located in the same Bureau as WIC, Early Intervention (Part H., IDEA), school health programs, adult special needs programs, oral health, primary care cooperative agreement, violence prevention programs, major portions of the Preventive Health and Health Services Block Grant, and a number of chronic disease prevention and health promotion programs. The Bureau is committed to protecting and improving the health status, functional status and quality of life of Massachusetts residents across the life span, with special focus on at-risk populations, low-income groups, and cultural and linguistic minorities. To this end, the Bureau focuses its efforts and resources on health promotion, systems building, quality improvement, and assurance of access to preventive, primary and specialized health services.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 12,085,938
3. Unobligated balance (Line 2, Form 2)	\$ 1,198,001
4. State Funds (Line 3, Form 2)	\$ 56,278,528
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 0
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 69,562,467

9. Most significant providers receiving MCH funds:

Community health centers
Early intervention agencies
Local school districts and public health agencies
Massachusetts/Rhode Island Poison Control Center

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	16,325
b. Infants < 1 year old	14,317
c. Children 1 to 22 years old	257,258
d. CSHCN	36,260
e. Others	39,014

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:
(max 2500 characters)

Primary and Preventive Care: Title V provides family planning services, MCH primary care (nutrition, social service, and care coordination), home visiting services, school-based health centers, and oral health services through community-based providers and agencies. Programs are targeted to those who are uninsured or underinsured and to the provision of non-third party reimbursable services. Programs for homeless families include assessment, referral and care coordination. Performance measures are in place for all service programs. CSHCN: Title V continues to provide care coordination, family support, newborn hearing screening, early intervention services (to 20,000 children ages birth to three), and other specialized services for families and children with special needs. Multifaceted outreach and assistance are offered to families in obtaining benefits and services for which they are eligible. Care coordinators have been located within primary care pediatric practices. Care coordination, advocacy, referral, and insurance enrollment are provided through a restructured system of regional services.

b. Population-Based Services:
(max 2500 characters)

Universal Newborn Screening: The development of integrated data systems and services linking universal newborn hearing, blood spot, and risk identification screening is under active development and implementation. School Health: Medication administration guidelines have been developed and implemented, along with policies for the management of allergic reactions. Teen Pregnancy: A new evidenced-based model for teen pregnancy prevention in high-risk communities was developed during FY04, with programs now in 8 communities at 10% of the former funding level. Other Population-Based Services: Title V supports a Poison Control Center, lead poisoning screening, SIDS and bereavement counseling, rape crisis centers, oral health screenings, basic school health services, child passenger safety, and promotion of childhood immunization. Statewide CHSCN Consultation Programs offer assistance to EI, school systems, and birth-to-three child serving agencies in providing care to children with complex medical and technology needs.

c. Infrastructure Building Services:
(max 2500 characters)

Monitoring and Data Collection: Title V maintains and continuously improves data systems to monitor maternal and child health, analyze and report on trends, evaluate program effectiveness, and provide information to the public and private sectors. Priorities for FY06 are to continue efforts to integrate and link key data systems, program information and billing systems, with linkages to the Executive Office of Human Services Virtual Gateway. HIPPA compliance for both the Bureau and its vendors is another priority. Mortality and Morbidity Reviews: Title V has a Maternal Morbidity and Mortality Committee, Fetal-Infant Mortality Review process in selected communities, and actively participates in the state's Child Death Review Team system. Health Promotion for MCH: Multiple campaigns underway include suicide prevention, folic acid awareness, tobacco control, healthy weight and physical activity, substance abuse, violence and injury prevention, and heart disease. Provider Training and Development: Multiple technical assistance and training programs for providers, programs, and agencies are provided, including Early Intervention and School Health Institutes, and a number related to domestic violence. Training and support for child care providers are a particular focus. Women's Health: The continuation of efforts to increase awareness and enhance coordination of services for women.

12. The primary Title V Program contact person:

Name	Sally Fogerty
Title	Associate Commissioner
Address	Mass. Dept of Public Health, 250 Washington St.
City	Boston
State	MA
Zip	02108-4619
Phone	(617) 624-6090
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13. The children with special health care needs (CSHCN) contact person:

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FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: MA

PERFORMANCE MEASURE # 01

The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	100	100	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	82,703	106	109	124	100
Denominator	82,703	106	109	124	100
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective				64.4	65
Annual Indicator			64.4	64.4	64.4
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	70	70	70	70	70
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	_____	_____	_____	61	65
Annual Indicator	_____	_____	61	61	61
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	65	65	65	65	65
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	_____	_____	_____	65	65
Annual Indicator	_____	_____	65.1	65.1	65.1
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	65	70	70	70	70
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective				79	80
Annual Indicator			79	79	79
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	80	81	81	81	81
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective				5.8	10
Annual Indicator			5.8	5.8	5.8
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	10	10	10	10	10
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	90	80	80	80	83
Annual Indicator	80.1	77.4	77.8	86.2	88.1
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	88.1	88.1	88.2	88.2	88.2
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	17.5	15.5	15.5	15	14
Annual Indicator	14.1	13.2	12.2	12.0	12
Numerator	1,739	1,627	1,498	1,473	
Denominator	123,166	123,166	123,166	123,166	
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	12	12	12	12	12
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	22	50	50	60	60
Annual Indicator	21	58.3	59.7	58	62.2
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	62.2	62.5	65	65	65
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	1.17	1.2	1.2	1.2	1.2
Annual Indicator	1.3	1.7	0.5	1.5	1.2
Numerator	16	21	6	19	
Denominator	1,259,376	1,256,376	1,256,376	1,259,376	
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	1.2	1.2	1.2	1.2	1.2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 11

Percentage of mothers who breastfeed their infants at hospital discharge.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	72	73	74	75	75
Annual Indicator	71.3	74.0	74.7	76.6	76
Numerator	58,188	59,911	60,266	61,388	
Denominator	81,582	81,014	80,624	80,167	
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	77	77	78	78	79
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	90	98	99	99	99
Annual Indicator	98.5	99.6	99.9	99.9	100.0
Numerator	80,358	81,319	79,294	81,444	79,399
Denominator	81,582	81,638	79,373	81,545	79,400
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	99.9	99.9	99.9	99.9	99.9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	3	3	2.5	3.5	3.5
Annual Indicator	2.5	1.9	2.5	2.3	3.2
Numerator	34,066				
Denominator	1,389,583				
Is the Data Provisional or Final?				Provisional	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	3	2.5	2.5	2.5	2.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 14

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	82	90	90	90	93
Annual Indicator	91.3	95.3	93.8	93.6	94.3
Numerator	478,742	401,603	419,948	404,918	407,918
Denominator	524,151	421,589	447,508	432,478	432,478
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	94	96	97	97	97
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 15

The percent of very low birth weight infants among all live births.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	1.36	1.44	1.48	1.52	1.5
Annual Indicator	1.3	1.4	1.4	1.4	1.4
Numerator	1,090	1,114	1,109	1,115	
Denominator	81,582	81,014	80,624	80,167	
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	1.4	1.4	1.4	1.4	1.4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	6.9	6	6	5	5
Annual Indicator	5.1	4.6	3.4	5.1	5
Numerator	21	19	14	21	
Denominator	415,737	415,737	415,737	415,737	
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	5	5	5	5	5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	90	90	90	85	85
Annual Indicator	89.3	86.9	86.0	86.1	86
Numerator	922	893	909	907	
Denominator	1,032	1,028	1,057	1,054	
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	86	86	86	86	86
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	84.22	84	84	84	85
Annual Indicator	82.1	83.7	83.7	83.3	83
Numerator	66,952	67,821	67,457	66,789	
Denominator	81,582	81,014	80,624	80,167	
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	85	85	85	85	85
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 1

The percentage of pregnancies among women age 18 and over that are intended.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	70	70	72	72	75
Annual Indicator	73.3		75	75	75.6
Numerator					
Denominator					
Is the Data Provisional or Final?				Provisional	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	76	78	78	78	78
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 3

Percent of children and youth enrolled in Medicaid, CMSP, or Title XXI who receive any preventive (well-child) services annually.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	50	66	67	68	69
Annual Indicator	66.0	63.7	63.2	67.1	73.1
Numerator	270,334	288,103	289,250	310,832	294,205
Denominator	409,583	452,559	457,875	463,305	402,681
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 4

Percent of children and youth (ages 3 - 18) enrolled in Medicaid or CMSP who receive preventive dental services annually.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	27.0	45	45	60	37
Annual Indicator	45.7	53.4	62.0	35.9	41.8
Numerator	181,869	208,349	243,889	149,548	166,294
Denominator	398,003	390,479	393,577	416,144	398,185
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	40	40	40	40	40
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

STATE PERFORMANCE MEASURE # 5

The percent of women who report not smoking during their current pregnancy.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	89.25	89.5	89.75	91	91
Annual Indicator	89.8	90.6	91.9	85.5	86
Numerator	73,289	73,420	74,061	68,551	
Denominator	81,582	81,014	80,624	80,167	
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	91	91	91	91	91
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

STATE PERFORMANCE MEASURE # 6

The rate (per 1,000) of chlamydia cases among females aged 15 through 19.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	12.7	12.7	12.8	14.5	14.5
Annual Indicator	13.4	14.5	17.0	14.9	15.7
Numerator	2,760	2,973	3,488	3,065	3,224
Denominator	205,277	205,277	205,277	205,277	205,277
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 8

The degree to which the State assures nutrition screening and education, with referrals to assessment, counseling and services as indicated, for pregnant women, children and adolescents.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	22.11	28.56	35.9	33.7	41.8
Annual Indicator	22	26	34	34	45
Numerator	22	26	34	34	45
Denominator	1	1	1	1	1
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 10

The degree to which the state has developed and implemented comprehensive education, screening and referral protocols for violence against women and children (on scale from 0 to 16).

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	<u>3</u>	<u>7</u>	<u>1</u>	<u>6</u>	<u>10</u>
Annual Indicator	<u>3</u>	<u>4</u>	<u>2</u>	<u>8</u>	<u>10</u>
Numerator	<u>3</u>	<u>4</u>	<u>2</u>	<u>8</u>	<u>10</u>
Denominator	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Annual Indicator	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Numerator	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Denominator	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

FORM NOTES FOR FORM 11

None

FIELD LEVEL NOTES

1. Section Number: Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2002

Field Note:

Data on Newborn Screening from the New England Newborn Screening Program (NENSP) at the University of Massachusetts Medical School. The data are for Calendar Year 2002. The NENSP provides all these newborn screening services and furnishes these data. See Form 06 and its Notes also. Massachusetts screens every newborn for ten disorders: Phenylketonuria (PKU), Congenital Hypothyroidism (primary), Galactosemia, Hemoglobin Disorders (including sickle cell anemia), "Maple Syrup" Urine Disease (MSUD), Homocystinuria, Congenital Toxoplasmosis, Congenital Adrenal Hyperplasia, Biotinidase Deficiency, and Medium-chain acyl Co-A dehydrogenase deficiency (MCAD).

Every newborn with abnormal results is tracked to a normal result or appropriate clinical care. In 2002, the total of 104 confirmed cases receiving treatment included 4 with PKU, 55 with Congenital Hypothyroidism, 38 Hemoglobin Disorders, 2 Congenital Toxoplasmosis, 1 Biotinidase Deficiency, 4 MCAD.

We have modified previous data using the new definition of this measure for 2001; the panel of mandatory tests has not changed over that time.

2. Section Number: Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2003

Field Note:

Data on Newborn Screening from the New England Newborn Screening Program (NENSP) at the University of Massachusetts Medical School. The data are for Calendar Year 2003. The NENSP provides all these newborn screening services and furnishes these data. See Form 06 and its Notes also. Massachusetts screens every newborn for ten disorders: Phenylketonuria (PKU), Congenital Hypothyroidism (primary), Galactosemia, Hemoglobin Disorders (including sickle cell anemia), "Maple Syrup" Urine Disease (MSUD), Homocystinuria, Congenital Toxoplasmosis, Congenital Adrenal Hyperplasia, Biotinidase Deficiency, and Medium-chain acyl Co-A dehydrogenase deficiency (MCAD).

Every newborn with abnormal results is tracked to a normal result or appropriate clinical care. In 2003, the total of 124 confirmed cases receiving treatment included 3 with PKU, 60 with Congenital Hypothyroidism, 2 Galactosemia, 44 Hemoglobin Disorders, 1 Congenital Toxoplasmosis, 8 Congenital Adrenal Hyperplasia, 6 MCAD.

3. Section Number: Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2004

Field Note:

Data on Newborn Screening from the New England Newborn Screening Program (NENSP) at the University of Massachusetts Medical School. The data are for Calendar Year 2004. The NENSP provides all these newborn screening services and furnishes these data. See Form 06 and its Notes also. Massachusetts screens every newborn for ten disorders: Phenylketonuria (PKU), Congenital Hypothyroidism (primary), Galactosemia, Hemoglobin Disorders (including sickle cell anemia), "Maple Syrup" Urine Disease (MSUD), Homocystinuria, Congenital Toxoplasmosis, Congenital Adrenal Hyperplasia, Biotinidase Deficiency, and Medium-chain acyl Co-A dehydrogenase deficiency (MCAD).

Every newborn with abnormal results is tracked to a normal result or appropriate clinical care. In 2004, the total of 100 confirmed cases receiving treatment included 2 with PKU, 52 with Congenital Hypothyroidism, 2 Galactosemia, 31 with Hemoglobin Disorders, 1 with Congenital Toxoplasmosis, 3 with Biotinidase Deficiency, 5 with Congenital Adrenal Hyperplasia, and 4 with MCAD.

4. Section Number: Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2002

Field Note:

The 2002 indicator is based on the State estimates from SLAITS.

5. Section Number: Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2003

Field Note:

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

6. Section Number: Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2004

Field Note:

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure. No new state-level data for 2004. The 2004 indicator is based on the State estimates from SLAITS.

7. Section Number: Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2002

Field Note:

The 2002 indicator is based on the State estimates from SLAITS.

8. Section Number: Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2003

Field Note:

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

9. **Section Number:** Performance Measure #3
Field Name: PM03
Row Name:
Column Name:
Year: 2004
Field Note:
The data reported in 2004 are pre-populated with the data from 2003 for this performance measure. No new state-level data for 2004. The 2004 indicator is based on the State estimates from SLAITS.
10. **Section Number:** Performance Measure #4
Field Name: PM04
Row Name:
Column Name:
Year: 2002
Field Note:
The 2002 indicator is based on the State estimates from SLAITS.
11. **Section Number:** Performance Measure #4
Field Name: PM04
Row Name:
Column Name:
Year: 2003
Field Note:
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
12. **Section Number:** Performance Measure #4
Field Name: PM04
Row Name:
Column Name:
Year: 2004
Field Note:
The data reported in 2004 are pre-populated with the data from 2003 for this performance measure. No new state-level data for 2004. The 2004 indicator is based on the State estimates from SLAITS.
13. **Section Number:** Performance Measure #5
Field Name: PM05
Row Name:
Column Name:
Year: 2002
Field Note:
The 2002 indicator is based on the State estimates from SLAITS.
14. **Section Number:** Performance Measure #5
Field Name: PM05
Row Name:
Column Name:
Year: 2003
Field Note:
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
15. **Section Number:** Performance Measure #5
Field Name: PM05
Row Name:
Column Name:
Year: 2004
Field Note:
The data reported in 2004 are pre-populated with the data from 2003 for this performance measure. No new state-level data for 2004. The 2004 indicator is based on the State estimates from SLAITS.
16. **Section Number:** Performance Measure #6
Field Name: PM06
Row Name:
Column Name:
Year: 2002
Field Note:
Because only one of the States (Maine) met the NCHS standards for reliability for PM 6, the 2002 indicator is the national average except for Maine which has its State value noted.
17. **Section Number:** Performance Measure #6
Field Name: PM06
Row Name:
Column Name:
Year: 2003
Field Note:
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
18. **Section Number:** Performance Measure #6
Field Name: PM06
Row Name:
Column Name:
Year: 2004
Field Note:
The data reported in 2004 are pre-populated with the data from 2003 for this performance measure. No new state-level data for 2004. The 2004 indicator is based on the national estimate from SLAITS
19. **Section Number:** Performance Measure #7
Field Name: PM07
Row Name:
Column Name:
Year: 2002
Field Note:
Fully immunized corresponds to the CDC definition of 4:3:1:3:3 (4 or more doses of DTP, 3 or more of poliovirus, 1 or more of any MCV, 3 or more of Hib, and 3 or more of HepB). Data are from the National Immunization Survey, as reported by the CDC at <http://www.cdc.gov/nip/coverage/default.htm>. All historic annual data have been revised to reflect NIP rates. Because the percentage rates are generated by the NIP from surveys, no numerators and denominators are presented in Form 11. Data for 1996, 1997, and 1998 are reported on a calendar year basis (Quarters 1 - 4 of the referenced year); data for 1999 - 2002 are reported on a fiscal year basis (e.g. FY02 = Quarters 3 & 4

of 2001 and Quarters 1 & 2 of 2002).

Massachusetts had set our Annual Objectives through 2007 at the Healthy People 2010 goal of 80%.

20. Section Number: Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2003

Field Note:

Fully immunized corresponds to the CDC definition of 4:3:1:3:3 (4 or more doses of DTP, 3 or more of poliovirus, 1 or more of any MCV, 3 or more of Hib, and 3 or more of HepB). Data are from the National Immunization Survey, as reported by the CDC at <http://www.cdc.gov/nip/coverage/default.htm>. All historic annual data have been revised to reflect NIP rates. Because the percentage rates are generated by the NIP from surveys, no numerators and denominators are presented in Form 11. Data for 1996, 1997, and 1998 are reported on a calendar year basis (Quarters 1 - 4 of the referenced year); data for 1999 - 2003 are reported on a fiscal year basis (e.g. FY03 = Quarters 3 & 4 of 2002 and Quarters 1 & 2 of 2003).

21. Section Number: Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2004

Field Note:

Fully immunized corresponds to the CDC definition of 4:3:1:3:3 (4 or more doses of DTP, 3 or more of poliovirus, 1 or more of any MCV, 3 or more of Hib, and 3 or more of HepB). Data are from the National Immunization Survey, as reported by the CDC at <http://www.cdc.gov/nip/coverage/default.htm>. All historic annual data have been revised to reflect NIP rates. Because the percentage rates are generated by the NIP from surveys, no numerators and denominators are presented in Form 11. Data for 1996, 1997, and 1998 are reported on a calendar year basis (Quarters 1 - 4 of the referenced year); data for 1999 - 2004 are reported on a fiscal year basis (e.g. FY04 = Quarters 3 & 4 of 2003 and Quarters 1 & 2 of 2004).

Based on the improvement in this measure since 2002, Annual Performance Objectives through FY09 have been raised.

22. Section Number: Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2002

Field Note:

Birth data are from MDPH, Vital Records for calendar years 1991 - 2001. This is the most recent year of data available. Denominators for years through 1999 are from the most recent MISER population estimates; the denominator for 2000 is the Census Count. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere. The 2001 denominator is the same as the 2000 denominator, as no 2001 population estimates are yet available from either MISER or MDPH. MISER (the Massachusetts Institute for Social and Economic Research; <http://www.umass.edu/miser/>) produces the standard population estimates used by the Department of Public Health.

The 2000 denominator has been revised from the FY03 application. The number of female teens ages 15-17 is roughly estimated at 60% of the standard 5-year age group 15-19. We are initiating conversations with MISER to determine if better annual estimates of the subgroup are possible.

Based on the improvements in this Measure since 1998, our Annual Objectives through 2007 have been adjusted to reflect lower baseline rates, but with very little further improvement. A number of changes in state funding are expected to reduce a number of programs and services addressing this problem.

23. Section Number: Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2003

Field Note:

Birth data are from MDPH, Vital Records for calendar years 1991 - 2003. This is the most recent year of data available. Denominators for years through 1999 are from the most recent MISER population estimates; the denominator for 2000 is the Census Count. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere. The denominators from 2001 forward are the same as the 2000 denominator, as no subsequent population estimates are available from either MISER or MDPH. MISER (the Massachusetts Institute for Social and Economic Research; <http://www.umass.edu/miser/>) no longer produces the standard population estimates on a regular basis.

The number of female teens ages 15-17 is roughly estimated at 60% of the standard 5-year age group 15-19.

Based on the improvements in this Measure since 1998, our Annual Objectives through 2009 have been adjusted to reflect lower baseline rates, but with no further improvement. State funding cuts have reduced a number of programs and services addressing this problem; in addition, the overall rate is already quite low.

24. Section Number: Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2004

Field Note:

2004 birth data are not available. We have estimated a similar rate to that for 2003. See 2003 for the most recent data and see the Note for 2003 for data sources and other comments.

25. Section Number: Performance Measure #9

Field Name: PM09

Row Name:

Column Name:

Year: 2002

Field Note:

The data for 2002 are taken from the Massachusetts Behavioral Risk Factor Surveillance System (BRFSS). A new children's dental health module, containing this and other questions, was introduced in the 2001 Survey and is now being carried out every year. Prior to 2001, our only data on the use of sealants have been based on school-based surveys in only a few communities. Such surveys, on larger samples of schools, will also be continued as possible in order to help validate the BRFSS findings. Because we are not yet confident that sealants are fully understood by all families and due to economic conditions, the projected future rates have been set conservatively. Because of the importance of oral health and the problems with using sealant utilization to track overall problems with access to preventive dental services in Massachusetts, we have included an additional oral health measure among our state negotiated measures (see SPM # 04).

26. Section Number: Performance Measure #9

Field Name: PM09

Row Name:

Column Name:

Year: 2003

Field Note:

The data for 2003 are taken from the Massachusetts Behavioral Risk Factor Surveillance System (BRFSS). A new children's dental health module, containing this and other questions, was introduced in the 2001 Survey and is now being carried out every year. Prior to 2001, our only data on the use of sealants have been based on school-based

surveys in only a few communities. Such surveys, on larger samples of schools, will also be continued as possible in order to help validate the BRFSS findings. Because we are not yet confident that sealants are fully understood by all families and due to economic conditions, the projected future rates have been set conservatively. The 2003 survey rate of 58.0% is slightly lower than the 2002 survey finding of 61% and slightly below our target rate of 60%. However, an actual rate of 60% is within the 95% confidence intervals for the survey (54.1% - 61.9%), and thus the data can be considered as showing an essentially flat rate at our target level. The survey rates within various socioeconomic categories show consistently higher rates of sealants as parental education levels rise (33.1% with less than high school education compared with 65.7% with 4+ years of college) and as family income rises (35.2% at under \$25,000 compared with 65.8% at over \$50,000). Because of the importance of oral health and the problems with using sealant utilization to track overall problems with access to preventive dental services in Massachusetts, we have included an additional oral health measure among our state negotiated measures (see SPM # 04).

27. Section Number: Performance Measure #9

Field Name: PM09

Row Name:

Column Name:

Year: 2004

Field Note:

The data for 2004 are taken from the Massachusetts Behavioral Risk Factor Surveillance System (BRFSS). A new children's dental health module, containing this and other questions, was introduced in the 2001 Survey and is now being carried out every year. Prior to 2001, our only data on the use of sealants have been based on school-based surveys in only a few communities. Such surveys, on larger samples of schools, will also be continued as possible in order to help validate the BRFSS findings.

Despite the slight fluctuations in the survey reported rates between 58 and 62%, the data can be considered as showing an essentially flat rate. We have raised our target levels beginning in FY06. The survey rates within various socioeconomic categories show consistently higher rates of sealants as parental education levels rise (48.5% with less than high school education compared with 69.3% with 4+ years of college) and as family income rises (41.1% at under \$25,000 compared with 68.4% at over \$50,000). However, the gaps between income levels and education levels are decreasing.

28. Section Number: Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2002

Field Note:

Data on deaths are taken from MDPH Vital Records for calendar years 1991 -2001. This is the most recent year of data available. Denominators for years through 1999 are from the most recent MISER population estimates; the denominator for 2000 is the Census Count. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere. The 2001 denominator is the same as the 2000 denominator, as no 2001 population estimates are yet available from either MISER or MDPH. MISER (the Massachusetts Institute for Social and Economic Research; <http://www.umass.edu/miser/>) produces the standard population estimates used by the Department of Public Health.

Annual Objectives through 2005 have been adjusted to reflect a steady rate, rather than any decline.

Deaths in years 1999 and later are derived from ICD-10 codes (10th Revision of the International Classification of Diseases). Caution should be used in comparisons with previous years using ICD-9 codes.

29. Section Number: Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2003

Field Note:

Data on deaths are taken from MDPH Vital Records for calendar years 1991 - 2003. This is the most recent year of data available. Denominators for years through 1999 are from the most recent MISER population estimates; the denominator for 2000 is the Census Count. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere. The denominators from 2001 forward are the same as the 2000 denominator, as no subsequent population estimates are available from either MISER or MDPH. MISER (the Massachusetts Institute for Social and Economic Research; <http://www.umass.edu/miser/>) no longer produces the standard population estimates on a regular basis.

Deaths in years 1999 and later are derived from ICD-10 codes (10th Revision of the International Classification of Diseases). Caution should be used in comparisons with previous years using ICD-9 codes.

30. Section Number: Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2004

Field Note:

2004 death data are not available. We have estimated a similar rate to that for 2003. See 2003 for the most recent data and see the Note for 2003 for data sources and other comments.

31. Section Number: Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2002

Field Note:

Breastfeeding at discharge and resident birth data are from MDPH, Vital Records for calendar years 1991 - 2001. This is the most recent year of data available. The percentages on Form 11 differ from those published elsewhere due to how missing data are handled. The MCHB definition of the denominator is specified as all resident births. In MassCHIP and most Massachusetts publications, percentages are reported only for cases where information is known (i.e. the denominator excludes births for which data on the variable are missing). Using the MCHB definition reduces the calculated percentage. The differences are generally small but were pronounced for 1996, when the impact of implementation of major revision to the birth certificate form and transmission system resulted in a significantly higher rate of unknown values for some variables, including breastfeeding. Projections were based on the assumption that the true rate did not dip in 1996. This assumption is borne out by subsequent data, as the rate has returned to its upward trend. Slight adjustments have been made in the Annual Objectives through 2007.

32. Section Number: Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2003

Field Note:

Breastfeeding at discharge and resident birth data are from MDPH, Vital Records for calendar years 1991 - 2003. This is the most recent data available. The percentages on Form 11 differ from those published elsewhere due to how missing data are handled. The MCHB definition of the denominator is specified as all resident births. In MassCHIP and most Massachusetts publications, percentages are reported only for cases where information is known (i.e. the denominator excludes births for which data on the variable are missing). Using the MCHB definition reduces the calculated percentage.

Although progress has been slow on this measure, we are raising our target levels beginning in FY06, as increased efforts are being made to improve the outcomes.

33. Section Number: Performance Measure #11

Field Name: PM11

Row Name:

Column Name:**Year:** 2004**Field Note:**

2004 birth data are not available. We have estimated a similar rate to that for 2003. See 2003 for the most recent data and see the Note for 2003 for data sources and other comments.

Although progress has been slow on this measure, we are raising our target levels beginning in FY06, as increased efforts are being made to improve the outcomes.

34. Section Number: Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2002**Field Note:**

Pre-discharge screening rates are estimated from data received from MDPH annual surveys of all Massachusetts birth hospitals. As of November 1998, Massachusetts law mandated that all newborns in Massachusetts must have their hearing screened prior to discharge from a birth hospital. Amendments to Hospital Licensure and Birth Center Regulations regarding Universal Newborn Hearing Screening Programs became effective on September 1, 1999. Eventually, actual screening (and follow-up) data will be available from the birth certificate and a new newborn hearing data system, with linkages to FIRSTLink and Early Intervention, will be implemented. These changes will result in improved data and outcome tracking.

Projected targets assume exclusion from the denominator of any parents refusing the screening; this number has been extremely small to date. The speed with which hospitals have implemented the law exceeded our expectations when our targets were originally set.

35. Section Number: Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2003**Field Note:**

Pre-discharge screening rates are estimated from data received from MDPH annual surveys of all Massachusetts birth hospitals. As of November 1998, Massachusetts law mandated that all newborns in Massachusetts must have their hearing screened prior to discharge from a birth hospital. Amendments to Hospital Licensure and Birth Center Regulations regarding Universal Newborn Hearing Screening Programs became effective on September 1, 1999. Eventually, actual screening (and follow-up) data will be available from the birth certificate and a new newborn hearing data system, with linkages to FIRSTLink and Early Intervention, will be implemented. These changes will result in improved data and outcome tracking.

Projected targets assume exclusion from the denominator of any parents refusing the screening; this number has been extremely small to date. The speed with which hospitals have implemented the law exceeded our expectations when our targets were originally set.

36. Section Number: Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2004**Field Note:**

As of November 1998, Massachusetts law mandated that all newborns in Massachusetts must have their hearing screened prior to discharge from a birth hospital. Amendments to Hospital Licensure and Birth Center Regulations regarding Universal Newborn Hearing Screening Programs became effective on September 1, 1999. Prior to 2004, pre-discharge screening rates were estimated from data received from MDPH annual surveys of all Massachusetts birth hospitals. Effective with 2004, actual screening (and follow-up) data are available from the electronic birth certificate (EBC). A new newborn hearing data system, with linkages to FIRSTLink and Early Intervention, is also being implemented. We are still monitoring hospital survey reporting and comparing the survey and birth certificate results to assure data quality. Based on our understanding of MCHB definitions for this measure, the numerator and denominator capture in-state resident births. I.e. they exclude out-of-state resident births and occurrence births to residents of other states. The method also excludes all screens done after discharge, regardless of how soon. This differs from CDC reporting protocols and therefore the data may differ from other published findings. The method also may leave "border babies" potentially uncounted in any state, an issue that the New England states are exploring in a broader context. We would welcome clearer joint instructions and data definitions from MCHB and CDC. The use of the early EBC data (i.e. we are reporting newborn hearing screening data for 2004, while all other birth data are only officially available – and reported – for 2003) also makes the data preliminary. The denominator is higher than the preliminary estimate provided by MDPH and used in Form 6, for example. Removal of duplicate records continues and final 2004 birth data will not be available until winter, 2006. The UNHSP preliminary EBC numerator and denominator are reported here and will be updated at a later date.

Projected targets of less than 100% assume exclusion from the denominator of any parents refusing the screening; this number has been extremely small to date.

37. Section Number: Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2002**Field Note:**

The data sources for this indicator vary from year to year; all are estimates. Previous sources have included Current Population Survey (CPS), health insurance status surveys of Massachusetts residents conducted by the Massachusetts Division of Health Care Finance and Policy (HCFP) biannually, and the Massachusetts Behavioral Risk Factor Surveillance System (BRFSS), which now includes questions on insurance coverage for household members under the age of 18. The FY01 estimate was derived only from the BRFSS. The estimated rate of 2.45% for FY02 is a average of the rate reported by the 2002 HCFP survey (3.2%) that reported by the 2002 BRFSS (1.7%). Performance Objectives through 2007 have been adjusted to remain at 2.5%, as further progress is not foreseen in the near future. In fact, the rate may be higher when the FY03 and FY04 data are reported.

38. Section Number: Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2003**Field Note:**

The data sources for this indicator vary from year to year; all are estimates. Previous sources have included Current Population Survey (CPS), health insurance status surveys of Massachusetts residents conducted by the Massachusetts Division of Health Care Finance and Policy (HCFP) biannually, and the Massachusetts Behavioral Risk Factor Surveillance System (BRFSS), which now includes questions on insurance coverage for household members under the age of 18. The FY01 estimate was derived only from the BRFSS. The estimated rate of 2.45% for FY02 is a average of the rate reported by the 2002 HCFP survey (3.2%) that reported by the 2002 BRFSS (1.7%). The FY03 estimate of 2.3% was again derived only from the BRFSS, as no HCFP survey was carried out. [In FY04, there will again be data from both surveys.]. The 95% confidence intervals for the 2.3% 2003 estimate are 1.3% - 3.2%. Hispanic families, families with less than a high school education and those with income under \$25,000 reported the highest uninsured rates (7.7%, 7.2%, and 6.1% respectively).

As the BRFSS survey has consistently generated estimated rates that are lower than those found in the HCFP surveys, the rise in the BRFSS estimated rate of uninsured children (up to 2.3% from 1.7%) suggests that the changes in the state's economy and the limitations on CMSP enrollment in FY03 did adversely affect children's access to insurance. The 2004 HCFP survey will give us an even better estimate of the true changes and their impact by such variables as family income, race/ethnicity, and employment status.

39. Section Number: Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2004

Field Note:

The data sources for this indicator vary from year to year; all are estimates. Previous sources have included Current Population Survey (CPS), health insurance status surveys of Massachusetts residents conducted by the Massachusetts Division of Health Care Finance and Policy (HCFP) biannually, and the Massachusetts Behavioral Risk Factor Surveillance System (BRFSS), which now includes questions on insurance coverage for household members under the age of 18. The FY01 estimate was derived only from the BRFSS. The estimated rate of 2.45% for FY02 is an average of the rate reported by the 2002 HCFP survey (3.2%) and that reported by the 2002 BRFSS (1.7%). The FY03 estimate of 2.3% was again derived only from the BRFSS, as no HCFP survey was carried out. The 95% confidence intervals for the 2.3% 2003 estimate are 1.3% - 3.2%. Hispanic families, families with less than a high school education and those with income under \$25,000 reported the highest uninsured rates (7.7%, 7.2%, and 6.1% respectively).

The estimated rate of 3.2% for FY04 is the rate reported by the 2004 HCFP survey. By comparison, the 2004 BRFSS survey reported a rate of 2.6%.

As the BRFSS survey has consistently generated estimated rates that are lower than those found in the HCFP surveys, the rise in the BRFSS estimated rate of uninsured children (up to 2.6% from 2.3% in 2003 and 1.7% in 2002) suggests that the changes in the state's economy, public and private insurance systems, and other factors may be affecting access to health insurance for some families. The 2004 HCFP survey rate, on the other hand, although higher is unchanged from its 2002 estimate.

As a result of a number of emerging state initiatives, we are hopeful that the rate will fall and our current targets (which are already lower for 2006 and beyond) can be reduced even further.

40. Section Number: Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2002**Field Note:**

Service data are provided by the Division of Medical Assistance, Information Analysis Unit. The numerator is the number of children aged 0 - 18 who received a service paid by MassHealth (Medicaid) during the state fiscal year. All children enrolled are assumed to have had at least one service paid for by the program. The denominator is made up of two components. The first is the total number of children aged 0 - 18 enrolled in MassHealth during the same period (provided by DMA). The second is an estimate of children not enrolled in Medicaid who might be eligible for it. For FY01, the denominator was the sum of 401,603 children enrolled in MassHealth and an estimate of 19,986 children unenrolled eligibles under age 19. [This estimate is calculated by applying the estimated % of all uninsured children under 201% of the FPL (40.3% of the 3% uninsured) from the Massachusetts Division of Health Care Finance and Policy 2000 survey to the estimated population ages 0-19 from MassCHIP/MISER (1,653,092).] (These data were not available at the time our FY01 Annual Report was filed and have been added now.)

For FY02, the denominator is the sum of 419,948 children enrolled in MassHealth and an estimate of 27,560 children unenrolled eligibles under age 19. [This estimate is calculated by applying the estimated % of all uninsured children under 201% of the FPL (52.1% of the 3.2% uninsured) from the Massachusetts Division of Health Care Finance and Policy 2000 survey to the estimated population ages 0-19 from MassCHIP/MISER (1,653,092).]

There is a slight discrepancy in the age groups used for the estimates; it is not believed to affect the measure significantly.

Objectives through 2007 have been adjusted downward to 90%, based on the slight decrease from FY01 to FY02 and the ongoing uncertainties about both public and private insurance coverage and outreach.

(See Endnote to PM #13 also.)

41. Section Number: Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2003**Field Note:**

Service data are provided by the Division of Medical Assistance. The numerator is the number of children aged 0 - 18 who received a service paid by MassHealth (Medicaid) during the state fiscal year. All children enrolled are assumed to have had at least one service paid for by the program. The denominator is made up of two components. The first is the total number of children aged 0 - 18 enrolled in MassHealth during the same period. The second is an estimate of children not enrolled in Medicaid who might be eligible for it.

For FY01, the denominator was the sum of 401,603 children enrolled in MassHealth and an estimate of 19,986 children unenrolled eligibles under age 19. [This estimate is calculated by applying the estimated % of all uninsured children under 201% of the FPL (40.3% of the 3% uninsured) from the Massachusetts Division of Health Care Finance and Policy 2000 survey to the estimated population ages 0-19 from MassCHIP/MISER (1,653,092).]

For FY02, the denominator is the sum of 419,948 children enrolled in MassHealth and an estimate of 27,560 children unenrolled eligibles under age 19. [This estimate is calculated by applying the estimated % of all uninsured children under 201% of the FPL (52.1% of the 3.2% uninsured) from the Massachusetts Division of Health Care Finance and Policy 2002 survey to the estimated population ages 0-19 from MassCHIP/MISER (1,653,092).]

For FY03, the denominator is the sum of 404,918 children enrolled in MassHealth and an estimate of 27,560 children unenrolled eligibles under age 19. [This estimate is calculated by applying the estimated % of all uninsured children under 201% of the FPL (52.1% of the 3.2% uninsured) from the Massachusetts Division of Health Care Finance and Policy 2002 survey to the estimated population ages 0-19 from MassCHIP/MISER (1,653,092).]

The Medicaid source documents can be found on their website. (http://www.mass.gov/Eeohhs2/docs/masshealth/research/schip-2003_ar.pdf and http://www.mass.gov/Eeohhs2/docs/masshealth/research/1115_2003-demoar.pdf.) There is a slight discrepancy in the age groups used for the estimates; it is not believed to affect the measure significantly.

Objectives through 2008 have been adjusted upward slightly to 93%. (See Endnote to PM #13 also.)

42. Section Number: Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2004**Field Note:**

Service data are provided by the Division of Medical Assistance. The numerator is the number of children aged 0 - 18 who received a service paid by MassHealth (Medicaid) during the state fiscal year. All children enrolled are assumed to have had at least one service paid for by the program. The denominator is made up of two components. The first is the total number of children aged 0 - 18 enrolled in MassHealth during the same period. The second is an estimate of children not enrolled in Medicaid who might be eligible for it.

For FY01, the denominator was the sum of 401,603 children enrolled in MassHealth and an estimate of 19,986 unenrolled eligible children under age 19. [This estimate is calculated by applying the estimated % of all uninsured children under 201% of the FPL (40.3% of the 3% uninsured) from the Massachusetts Division of Health Care Finance and Policy 2000 survey to the estimated population ages 0-19 from MassCHIP/MISER (1,653,092).]

For FY02, the denominator is the sum of 419,948 children enrolled in MassHealth and an estimate of 27,560 unenrolled eligible children under age 19. [This estimate is calculated by applying the estimated % of all uninsured children under 201% of the FPL (52.1% of the 3.2% uninsured) from the Massachusetts Division of Health Care Finance and Policy 2002 survey to the estimated population ages 0-19 from MassCHIP/MISER (1,653,092).]

For FY03, the denominator is the sum of 404,918 children enrolled in MassHealth and an estimate of 27,560 unenrolled eligible children under age 19. [This estimate is calculated by applying the estimated % of all uninsured children under 201% of the FPL (52.1% of the 3.2% uninsured) from the Massachusetts Division of Health Care Finance and Policy 2002 survey to the estimated population ages 0-19 from MassCHIP/MISER (1,653,092).]

For FY04, the denominator is the sum of 407,918 children enrolled in MassHealth and an estimate of 27,560 unenrolled eligible children under age 19. [This estimate is calculated by applying the estimated % of all uninsured children under 201% of the FPL (52.1% of the 3.2% uninsured) from the Massachusetts Division of Health Care Finance and Policy 2004 survey to the estimated population ages 0-19 from MassCHIP/MISER (1,653,092).]

The Medicaid and HCFP source documents can be found on their respective websites. (http://www.mass.gov/Eeohhs2/docs/masshealth/research/1115_2004-demoar.pdf; and http://mass.gov/Eeohhs2/docs/dhcfp/pdf/ins_status_04_report.pdf.) There is a slight discrepancy in the age groups used for the estimates; it is not believed to affect the measure significantly.

Objectives through 2009 have been adjusted upward slightly to 94%. (See Endnote to PM #13 also.)

43. Section Number: Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2002**Field Note:**

Data for both the numerators and denominators are taken from MDPH Vital Records for calendar years 1991 – 2001. This is the most recent year of data available. The denominators are all resident births for the relevant year.

Annual Performance Objectives through 2003 project a continued slight rise in the overall VLBW rate over the period; these projections have been adjusted to level out at 15.0 through 2007. The VLBW rate rose in 1997 and remained essentially unchanged through 2001; it remains higher than rates earlier in the 1990's.

Analysis indicates that this rise (and a rise in LBW as well) is associated in part with changes in the rate of multiple births (Cohen, BB, Friedman, DJ, Zhang, Z, Trudeau, EB. Impact of multiple births on low birthweight. Mortality and Morbidity Weekly Review 1998; 48: 289-292). Massachusetts has the highest multiple-birth rate in the country. However, the VLBW rates among singleton births (which is now an MCHB Health Status Indicator) has not improved in the same period either. This is an issue that we continue to address.

44. Section Number: Performance Measure #15

Field Name: PM15

Row Name:

Column Name:

Year: 2003

Field Note:

Data for both the numerators and denominators are taken from MDPH Vital Records for calendar years 1991 – 2003. This is the most recent year of data available. The denominators are all resident births for the relevant year.

Annual Performance Objectives through 2009 have been adjusted to level out at 1.4. The VLBW rate rose in 1997 and remained essentially unchanged since 2001; it remains higher than rates earlier in the 1990's.

Analysis indicates that this rise (and a rise in LBW as well) is associated in part with changes in the rate of multiple births; Massachusetts has the highest multiple-birth rate in the country. However, the VLBW rates among singleton births (which is now an MCHB Health Status Indicator) has not improved in the same period either. This is an issue that we continue to address.

45. Section Number: Performance Measure #15

Field Name: PM15

Row Name:

Column Name:

Year: 2004

Field Note:

2004 birth data are not available. We have estimated a similar rate to that for 2003. See 2003 for the most recent data and see the Note for 2003 for data sources and other comments.

46. Section Number: Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2002

Field Note:

Data on deaths are taken from MDPH Vital Records for calendar years 1991 -2001. This is the most recent year of data available. Denominators for years through 1999 are from the most recent MISER population estimates; the denominator for 2000 is the Census Count. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere. The 2001 denominator is the same as the 2000 denominator, as no 2001 population estimates are yet available from either MISER or MDPH. MISER (the Massachusetts Institute for Social and Economic Research; <http://www.umass.edu/miser/>) produces the standard population estimates used by the Department of Public Health.

Deaths in years 1999 and later are derived from ICD-10 codes (10th Revision of the International Classification of Diseases). Caution should be used in comparisons with previous years using ICD-9 codes.

Deaths in years 1999 and later are derived from ICD-10 codes (10th Revision of the International Classification of Diseases). Caution should be used in comparisons with previous years using ICD-9 codes.

The single year rates are quite volatile and year-to-year changes (either up or down) should not be over-interpreted. Expanded efforts to prevent suicides and suicide attempts that got underway in FY02 with new state funding lasted for approximately one year before being cut. Thus we are projecting the possibility of a rise in the rate over the next several years.

47. Section Number: Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2003

Field Note:

Data on deaths are taken from MDPH Vital Records for calendar years 1991 - 2003. This is the most recent year of data available. Denominators for years through 1999 are from the most recent MISER population estimates; the denominator for 2000 is the Census Count. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere. The denominators from 2001 forward are the same as the 2000 denominator, as no subsequent population estimates are available from either MISER or MDPH. MISER (the Massachusetts Institute for Social and Economic Research; <http://www.umass.edu/miser/>) no longer produces the standard population estimates on a regular basis.

Deaths in years 1999 and later are derived from ICD-10 codes (10th Revision of the International Classification of Diseases). Caution should be used in comparisons with previous years using ICD-9 codes.

The single year rates are quite volatile and year-to-year changes (either up or down) should not be over-interpreted. Expanded efforts to prevent suicides and suicide attempts that got underway in FY02 have only been funded intermittently in the state budget. We are projecting a level rate over the next several years.

48. Section Number: Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2004

Field Note:

2004 death data are not available. We have estimated a similar rate to that for 2003. See 2003 for the most recent data and see the Note for 2003 for data sources and other comments.

49. Section Number: Performance Measure #17

Field Name: PM17

Row Name:

Column Name:

Year: 2002

Field Note:

Data on VLBW, birth hospitals, and resident births are from MDPH Vital Records for calendar years 1991 - 2001. The eight Level III units are at Baystate Medical Center, Beth Israel Deaconess, Boston Medical Center, Brigham and Women's, Massachusetts General Hospital, Medical Center of Central Massachusetts, New England Medical Center, and St. Elizabeth's Medical Center. Data include only those resident births that occurred in-state at Massachusetts hospitals, as the birth file used for analysis does not contain the necessary information (specific hospital of birth) for births to residents at out-of-state facilities to be categorized by Level III facility. In one region of the state enough births occur out-of-state (in Rhode Island) to distort the statistic otherwise. The addition of one regional Level II hospital to the group with NICUs beginning in 2002 will only modestly improve the rate, which has begun declining in all regions of the state.

The Bureau continues to work with the Division of Health Care Quality, the Perinatal Advisory Committee, and other obstetric and neonatal clinicians to examine the question of appropriate care in Level II and Level III facilities. The Hospital Licensure Regulations for Maternal-Newborn Services (developed in the late 1980's) are being

reviewed for potential updating and modification. Some Level II facilities are seeking changes in the regulations to allow them to provide certain services currently only allowed in Level III hospitals. The literature and experience are divided on the safety of some of these practices. Our capacity to monitor these changing patterns of policy (and potentially regulations) and their impact on both care and outcomes for VLBW infants is critical but resources remain constrained. A pilot study (done with Partners Healthcare) of performing short-term mechanical ventilation on infants over 32 weeks gestation at Level II facilities is being explored.

50. Section Number: Performance Measure #17

Field Name: PM17

Row Name:

Column Name:

Year: 2003

Field Note:

Data on VLBW, birth hospitals, and resident births are from MDPH Vital Records for calendar years 1991 - 2003. The eight Level III units are at Baystate Medical Center, Beth Israel Deaconess, Boston Medical Center, Brigham and Women's, Massachusetts General Hospital, Medical Center of Central Massachusetts, New England Medical Center, and St. Elizabeth's Medical Center. Data include only those resident births that occurred in-state at Massachusetts hospitals, as the birth file used for analysis does not contain the necessary information (specific hospital of birth) for births to residents at out-of-state facilities to be categorized by Level III facility. In one region of the state enough births occur out-of-state (in Rhode Island) to distort the statistic otherwise.

The addition of one regional Level II hospital to the group with NICUs beginning in 2002 (South Shore Hospital) only modestly improves the rate, which has begun declining in all regions of the state.

Revised Hospital Licensure Regulations for Maternal-Newborn Services have been prepared and are expected to formally promulgated by the end of 2005. Their impact on the perinatal regional system and the facilities considered to be appropriate for high-risk deliveries and neonates is unknown at this time. It is likely that new baselines will be established for 2006 births. The impact of the regulatory changes on the system and on the resulting data will be described in next year's annual report and monitored in future years.

51. Section Number: Performance Measure #17

Field Name: PM17

Row Name:

Column Name:

Year: 2004

Field Note:

2004 birth data are not available. We have estimated a similar rate to that for 2003. See 2003 for the most recent data and see the Note for 2003 for data sources and other comments.

Revised Hospital Licensure Regulations for Maternal-Newborn Services have been prepared and are expected to be formally promulgated by the end of 2005. Their impact on the perinatal regional system and the facilities considered to be appropriate for high-risk deliveries and neonates is unknown at this time. It is likely that new baselines will be established for 2006 births. The impact of the regulatory changes on the system and on the resulting data will be described in next year's annual report and monitored in future years.

52. Section Number: Performance Measure #18

Field Name: PM18

Row Name:

Column Name:

Year: 2002

Field Note:

Data are from MDPH Vital Records for calendar years 1991 - 2001. This is the most recent year of data available.

The percentages shown differ from those published elsewhere, due to how missing data are handled. The MCHB definition of the denominator is specified as all resident births during the referenced year. In MassCHIP and most Massachusetts publications (such as Massachusetts Births), percentages are reported only for cases where information is known (i.e. the denominator excludes births for which data on the variable are missing). Using the MCHB definition reduces the calculated percentage slightly.

In 1996, Massachusetts implemented major revisions to the birth certificate form. While these format changes dramatically increased the consistency of data collection across facilities, the change affected several data elements, including calculation of the initiation of prenatal care. Trend analysis should be done from 1997 forward only. The continued lack of significant improvement in this measure continues to be of concern and will remain a focus in FY04.

53. Section Number: Performance Measure #18

Field Name: PM18

Row Name:

Column Name:

Year: 2003

Field Note:

Data are from MDPH Vital Records for calendar years 1991 - 2003. This is the most recent year of data available.

The percentages shown differ from those published elsewhere, due to how missing data are handled. The MCHB definition of the denominator is specified as all resident births during the referenced year. In MassCHIP and most Massachusetts publications (such as Massachusetts Births), percentages are reported only for cases where information is known (i.e. the denominator excludes births for which data on the variable are missing). Using the MCHB definition reduces the calculated percentage slightly.

The continued lack of significant improvement in this measure continues to be of concern and will remain a focus in FY06.

54. Section Number: Performance Measure #18

Field Name: PM18

Row Name:

Column Name:

Year: 2004

Field Note:

2004 birth data are not available. We have estimated a similar rate to that for 2003. See 2003 for the most recent data and see the Note for 2003 for data sources and other comments.

55. Section Number: State Performance Measure #1

Field Name: SM1

Row Name:

Column Name:

Year: 2002

Field Note:

The data for the measure are available every other year from the Massachusetts Behavioral Risk Factor Surveillance System (BRFSS). See the Detail Sheet (in Form 16) for this measure for definitions, data source and issues, and a discussion of its significance. Although the 2000 and 2002 BRFSS survey results exceeded our expectations, annual Performance Objectives for 2003 forward have been lowered slightly, in anticipation of the effect of substantially reduced state funding for family planning and teen pregnancy prevention services.

56. Section Number: State Performance Measure #1

Field Name: SM1

Row Name:

Column Name:

Year: 2003

Field Note:

The data for the measure are available every other year from the Massachusetts Behavioral Risk Factor Surveillance System (BRFSS); the next survey data will be for 2004. See the Detail Sheet (in Form 16) for this measure for definitions, data source and issues, and a discussion of its significance. Although the 2000 and 2002 BRFSS survey results exceeded our expectations, annual Performance Objectives for 2003 forward have been lowered slightly, in anticipation of the effect of substantially reduced

state funding for family planning and teen pregnancy prevention services.

57. Section Number: State Performance Measure #1

Field Name: SM1

Row Name:

Column Name:

Year: 2004

Field Note:

The data for the measure are available every other year from the Massachusetts Behavioral Risk Factor Surveillance System (BRFSS); the current survey data are for 2004. See the Detail Sheet (in Form 16) for this measure for definitions, data source and issues, and a discussion of its significance. The 2000, 2002, and 2004 BRFSS survey results exceeded our expectations (only slightly in FY04), and our annual Performance Objectives for 2005 and beyond have been raised.

58. Section Number: State Performance Measure #3

Field Name: SM3

Row Name:

Column Name:

Year: 2002

Field Note:

See the Detail Sheet for this measure for definitions of the numerator and denominator and a discussion of data limitations. The data correspond to those reported by DMA to HCFA on Form HCFA 416; the most recent data are from the period October 1, 2001 - September 30, 2002. Rates, but not the underlying numbers, for years prior to FY1997 were available from DMA. In FY99, HCFA revised the 416 report and the visit codes that are allowable for Medicaid to count the visit as a "screen;" data prior to FY99 should not be compared to data from FY99 forward.

Data from the state-funded Children's Medical Security Program (CMSP) were added to the numerator and denominator beginning in FY00. CMSP enrolled children and youth represent 43,419 of the total denominator shown for FY02. The percent of CMSP children and youth receiving documented preventive services has increased modestly, from 24% in FY00, 26% in FY01, to 30% in FY02. The percent of Medicaid children and youth remained level in FY02 at 67%.

To date, the CMSP billing and data systems (which are distinct from Medicaid's) do not have the capability to fully capture the equivalent of the HCFA 416 report. Preventive services provided during a "sick visit" are not fully captured in billing codes and thus are partially missing from the composite data. It should also be noted that the average amount of time that children are continuously enrolled in CMSP in any given year is only about 9 months and there is a substantial amount of on and off enrollment as families gain or lose private insurance or change their eligibility status. These patterns of enrollment, unfortunately, make achieving the preventive potential of the program more difficult; some preventive activities may have been carried out through the other insurers as well.

59. Section Number: State Performance Measure #3

Field Name: SM3

Row Name:

Column Name:

Year: 2003

Field Note:

See the Detail Sheet for this measure for definitions of the numerator and denominator and a discussion of data limitations. The data correspond to those reported by DMA to HCFA on Form HCFA 416; the most recent data are from the period October 1, 2002 - September 30, 2003. Rates, but not the underlying numbers, for years prior to FY1997 were available from DMA. In FY99, HCFA revised the 416 report and the visit codes that are allowable for Medicaid to count the visit as a "screen;" data prior to FY99 should not be compared to data from FY99 forward.

Data from the state-funded Children's Medical Security Program (CMSP) were added to the numerator and denominator beginning in FY00. CMSP enrolled children and youth represent 42,619 of the total denominator shown for FY03. The percent of CMSP children and youth receiving documented preventive services has increased modestly, from 24% in FY00, 26% in FY01, to 30% in FY02, before leveling off at 28% in FY03. The percent of Medicaid children and youth rose in FY03 from 67% to 71%.

To date, the CMSP billing and data systems (which are distinct from Medicaid's) do not have the capability to fully capture the equivalent of the HCFA 416 report. Preventive services provided during a "sick visit" are not fully captured in billing codes and thus are partially missing from the composite data. It should also be noted that the average amount of time that children are continuously enrolled in CMSP in any given year is only about 9 months and there is a substantial amount of on and off enrollment as families gain or lose private insurance or change their eligibility status. In FY03, there were also caps on enrollment and waiting lists were implemented. These patterns of enrollment, unfortunately, make achieving the preventive potential of the program more difficult; some preventive activities may have been carried out through the other insurers as well.

60. Section Number: State Performance Measure #3

Field Name: SM3

Row Name:

Column Name:

Year: 2004

Field Note:

See the Detail Sheet for this measure for definitions of the numerator and denominator and a discussion of data limitations. The data correspond to those reported by DMA to HCFA on Form HCFA 416; the most recent data are from the period October 1, 2003 - September 30, 2004. Rates, but not the underlying numbers, for years prior to FY1997 were available from DMA. In FY99, HCFA revised the 416 report and the visit codes that are allowable for Medicaid to count the visit as a "screen;" data prior to FY99 should not be compared to data from FY99 forward.

Data from the state-funded Children's Medical Security Program (CMSP) were added to the numerator and denominator beginning in FY00. However, the FY04 data are only for Medicaid, as FY04 data on CMSP enrolled children and youth are not yet available. With the transfer of CMSP out of the BFCH in FY05, data management and analysis functions were transferred as well and our ability to readily generate or obtain these data has been reduced. The percent of CMSP children and youth receiving documented preventive services did increase modestly, from 24% in FY00, 26% in FY01, to 30% in FY02, before leveling off at 28% in FY03. The percent of Medicaid children and youth has also increased, from 67% in FY02, to 71% in FY03, and to 73% in FY04. Because Medicaid has historically shown higher percentages of preventive services use, the apparent improvement in the reported rate for FY04 is an artifact of the lack of CMSP data at this time and should not be regarded as a trend.

Even when the data have been available, the CMSP billing and data systems (which are distinct from Medicaid's) do not have the capability to fully capture the equivalent of the HCFA 416 report. Preventive services provided during a "sick visit" are not fully captured in billing codes and thus are partially missing from the composite data. The average amount of time that children are continuously enrolled in CMSP in any given year is only about 9 months and there is a substantial amount of on and off enrollment as families gain or lose private insurance or change their eligibility status. In addition, in FY03 there were also caps on enrollment and waiting lists were implemented. These patterns of enrollment, unfortunately, make achieving the preventive potential of the program more difficult; some preventive activities may have been carried out through the other insurers as well.

Because of these multiple data issues, which are unlikely to be improved, this measure is being eliminated entirely as part of our 5-year needs assessment and establishment of new State Performance Measures.

61. Section Number: State Performance Measure #4

Field Name: SM4

Row Name:

Column Name:

Year: 2002

Field Note:

See the Detail Sheet for this measure for definitions of the numerator and denominator and a discussion of data limitations. The data correspond to those reported by DMA to HCFA on Form HCFA 416; the most recent data are from the period October 1, 2001 - September 30, 2002. The 416 report now reports data in more detail than previously by children's age. Beginning with the FY99 data, the measure was modified to include data on children ages 3 - 18 only.

Data from the state-funded Children's Medical Security Program (CMSP) were added to the numerator and denominator beginning in FY00. CMSP enrolled children and

youth represent 43,419 of the total denominator shown for FY02. CMSP coverage for dental services began during FY00 and the number with claims paid for dental visits was quite small (1,824, or 5%). By FY01, those with claims rose to 8,435, or 23%, and to 10,421 or 24% in FY02. The numbers in future years should continue to rise, if funding allows continuation of the benefit. It should also be noted that the average amount of time that children are continuously enrolled in CMSP in any given year is only about 9 months and there is a substantial amount of on and off enrollment as families gain or lose private insurance or change their eligibility status. These patterns of enrollment, unfortunately, make achieving the preventive potential of the program more difficult and some preventive activities may have been carried out through the other insurers as well.

The percentage of Medicaid children and youth receiving preventive dental services has continued to rise (50% in FY00, 57% in FY01, and 67% in FY02), reflecting a number of positive changes: improved payment rates, increased recruitment of dentists, increased pediatric dental services available at community health centers, and increased promotion of the importance of dental care through a number of initiatives.

62. Section Number: State Performance Measure #4

Field Name: SM4

Row Name:

Column Name:

Year: 2003

Field Note:

See the Detail Sheet for this measure for definitions of the numerator and denominator and a discussion of data limitations.

The data correspond to those reported by the Commonwealth to HCFA on Form HCFA 416; the most recent data are from the period October 1, 2002 - September 30, 2003. The 416 report now reports data in more detail than previously by children's age. Beginning with the FY99 data, the measure was modified to include data on children ages 3 - 18 only.

Data from the state-funded Children's Medical Security Program (CMSP) were added to the numerator and denominator beginning in FY00. CMSP enrolled children and youth represent 42,619 of the total denominator shown for FY03. CMSP coverage for dental services began during FY00 and the number with claims paid for dental visits was quite small (1,824, or 5%). Since then those with claims has remained at 23 - 24% (9,789 in FY03). It should also be noted that the average amount of time that children are continuously enrolled in CMSP in any given year is only about 9 months and there is a substantial amount of on and off enrollment as families gain or lose private insurance or change their eligibility status. In FY03, there were also caps on enrollment and waiting lists were implemented. These patterns of enrollment, unfortunately, make achieving the preventive potential of the program more difficult and some preventive activities may have been carried out through the other insurers as well.

The reported percentage of Medicaid children and youth receiving preventive dental services continued to rise (50% in FY00, 57% in FY01, and 67% in FY02), before dropping significantly in FY03 to 37%. The increased rates may have reflected a number of positive changes: improved payment rates, increased recruitment of dentists, increased pediatric dental services available at community health centers, and increased promotion of the importance of dental care through a number of initiatives. The apparent drop, however, is due to a major correction in the data reporting methodology. We have been informed by Medicaid that the previous methodology overestimated rates of preventive dental services utilization and that they needed to change it. The previous years' data need to be recalculated for a more accurate time series and we are in the process of working with Medicaid to option the corrected data if possible. In the meantime, no trend analyses can be made from the data in hand. We have also adjusted our projected Objectives through FY08 to reflect the modified methodology and the likelihood that our progress on this measure is not what we had thought it was.

63. Section Number: State Performance Measure #4

Field Name: SM4

Row Name:

Column Name:

Year: 2004

Field Note:

See the Detail Sheet for this measure for definitions of the numerator and denominator and a discussion of data limitations. The data correspond to those reported by DMA to HCFA on Form HCFA 416; the most recent data are from the period October 1, 2003 - September 30, 2004. The 416 report now reports data in more detail than previously by children's age. Beginning with the FY99 data, the measure was modified to include data on children ages 3 - 18 only.

Data from the state-funded Children's Medical Security Program (CMSP) were added to the numerator and denominator beginning in FY00. CMSP coverage for dental services began during FY00 and the number with claims paid for dental visits was quite small (1,824, or 5%). Since then those with claims remained at 23 - 24% and then rose to an estimated 64% in FY04. These are estimated percents, as CMSP cannot provide an unduplicated count of clients, only visits. Because CMSP allows two dental visits per year, we have made a conservative estimate by dividing the total number of visits for children ages 3 -18 (44,670) by 2. It should also be noted that the average amount of time that children are continuously enrolled in CMSP in any given year is only about 9 months and there is a substantial amount of on and off enrollment as families gain or lose private insurance or change their eligibility status. In FY03, there were also caps on enrollment and waiting lists were implemented. These patterns of enrollment, unfortunately, make achieving the preventive potential of the program more difficult and some preventive activities may have been carried out through the other insurers as well.

The percentage of Medicaid children and youth receiving preventive dental services continued to rise (50% in FY00, 57% in FY01, and 67% in FY02), before dropping significantly in FY03 to 37%. The increases may have reflected a number of positive changes: improved payment rates, increased recruitment of dentists, increased pediatric dental services available at community health centers, and increased promotion of the importance of dental care through a number of initiatives. The apparent drop, however, is due to a major correction in the data reporting methodology, as the previous one overestimated rates of preventive dental services utilization. Thus trend analysis should be done from FY03 forward only.

Due to the data issues discussed above and the fact that CMSP is no longer administered by the Title V agency, this measure is being modified as a result of our 5-year needs assessment and establishment of new State Performance Measures. The new measure will track only Medicaid clients, for which unduplicated counts of children receiving services are already being reported in a standardized manner.

64. Section Number: State Performance Measure #5

Field Name: SM5

Row Name:

Column Name:

Year: 2002

Field Note:

Maternal smoking during pregnancy and resident birth data are from MDPH, Vital Records for calendar years 1991 - 2001. This is the most recent year of data available. See the Detail Sheet for this measure for definitions of the numerator and denominator and a discussion of the limitations of the data. Our target is the Healthy People 2010 rate of 90%.

The rates on Form 11 may differ from those published elsewhere, due to how missing data are handled. For comparability with other MCH Core Performance Measures related to pregnancy outcomes and birth statistics, we have defined the denominator for this Negotiated Measure as all resident births during the referenced year. In other Massachusetts publications (such as Massachusetts Births), percentages are usually reported based on denominators from which birth records with information missing about the variable have been removed. The result is a lower apparent rate. The differences are generally small but were more pronounced for 1996, when the impact of implementation of major revisions to the birth certificate form and transmission system resulted in a significantly higher rate of unknown values for some variables, including tobacco use, than in previous years.

65. Section Number: State Performance Measure #5

Field Name: SM5

Row Name:

Column Name:

Year: 2003

Field Note:

Maternal smoking during pregnancy and resident birth data are from MDPH, Vital Records for calendar years 1991 - 2003. This is the most recent year of data available. See the Detail Sheet for this measure for definitions of the numerator and denominator and a discussion of the limitations of the data. Early success has slowed or reversed in the last two years, as funding for tobacco control activities has been uncertain and was significantly reduced. Funding has become stabilized again, but at a lower level, and we believe that our target levels are achievable.

The rates on Form 11 may differ from those published elsewhere, due to how missing data are handled. For comparability with other MCH Core Performance Measures

related to pregnancy outcomes and birth statistics, we have defined the denominator for this Negotiated Measure as all resident births during the referenced year. In other Massachusetts publications (such as Massachusetts Births), percentages are usually reported based on denominators from which birth records with information missing about the variable have been removed. The result is a lower apparent rate.

This measure will remain as a State Negotiated Performance Measure for 2006 and beyond.

66. Section Number: State Performance Measure #5

Field Name: SM5

Row Name:

Column Name:

Year: 2004

Field Note:

2004 birth data are not available. We have estimated a similar rate to that for 2003. See 2003 for the most recent data and see the Note for 2003 for data sources and other comments.

This measure will remain as a State Negotiated Performance Measure for 2006 and beyond.

67. Section Number: State Performance Measure #6

Field Name: SM6

Row Name:

Column Name:

Year: 2002

Field Note:

See the Detail Sheet for this measure for definitions of the numerator and denominator and a discussion of the limitations of the data.

Denominators for years through 1999 are from the most recent MISER population estimates; the denominator for 2000 is the Census Count. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere. The 2001 and 2002 denominators are the same as the 2000 denominator, as no 2001 or 2002 population estimates are yet available from either MISER or MDPH. MISER (the Massachusetts Institute for Social and Economic Research; <http://www.umass.edu/miser/>) produces the standard population estimates used by the Department of Public Health.

Rates shown may differ from rates previously published or presented in reports from the Division of Sexually Transmitted Diseases, due to differences in the denominators used. Some of the rate change may reflect the adjustment of the denominator based on the Census, and all rates should be considered preliminary until a MISER population estimate has been entered for that year.

Although not the lead agency for the state's STD reduction and treatment efforts, the Bureau supports a number of program efforts to reduce teen risk behaviors that contribute to STDs or assure comprehensive health care, and we work closely with the state STD Program. At the present time, we are projecting rates that will rise only slightly from the estimated FY02 rate and then remain unchanged through 2007. As suggested by the higher than expected apparent rise in the last three years, this may be overly optimistic as any sustained reductions in STDs among teens remain elusive, major disparities continue between white and minority females, and a number of state-funded programs that contribute to the measure are experiencing serious cutbacks.

68. Section Number: State Performance Measure #6

Field Name: SM6

Row Name:

Column Name:

Year: 2003

Field Note:

See the Detail Sheet for this measure for definitions of the numerator and denominator and a discussion of the limitations of the data.

Denominators for years through 1999 are from the most recent MISER population estimates; the denominator for 2000 is the Census Count. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere. The 2001, 2002, and 2003 denominators are the same as the 2000 denominator, as no additional population estimates are yet available from either MISER or MDPH. MISER (the Massachusetts Institute for Social and Economic Research; <http://www.umass.edu/miser/>) produces the standard population estimates used by the Department of Public Health.

Rates shown may differ from rates previously published or presented in reports from the Division of Sexually Transmitted Diseases, due to differences in the denominators used. Some of the rate change may reflect the adjustment of the denominator based on the Census, and all rates should be considered provisional until a MISER or other updated population estimate has been entered for that year.

Although not the lead agency for the state's STD reduction and treatment efforts, the Bureau supports a number of program efforts to reduce teen risk behaviors that contribute to STDs or assure comprehensive health care, and we work closely with the state STD Program. At the present time, we are projecting rates that will rise only slightly from the estimated FY02 rate and then remain unchanged through 2008. As suggested by the higher than expected apparent rise in the last several years, this may be overly optimistic as any sustained reductions in STDs among teens remain elusive, major disparities continue between white and minority females, and a number of state-funded programs that contribute to the measure are experiencing serious cutbacks.

69. Section Number: State Performance Measure #6

Field Name: SM6

Row Name:

Column Name:

Year: 2004

Field Note:

See the Detail Sheet for this measure for definitions of the numerator and denominator and a discussion of the limitations of the data.

Denominators for years through 1999 are from the most recent MISER population estimates; the denominator for 2000 is the Census Count. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere. The denominators from 2001 forward are the same as the 2000 denominator, as no subsequent population estimates are available from either MISER or MDPH. MISER (the Massachusetts Institute for Social and Economic Research; <http://www.umass.edu/miser/>) no longer produces the standard population estimates on a regular basis.

Rates shown may differ from rates previously published or presented in reports from the Division of Sexually Transmitted Diseases, due to differences in the denominators used. Some of the rate change may reflect the adjustment of the denominator based on the Census, and all rates should be considered provisional until a MISER or other updated population estimate has been entered for that year.

This measure is being eliminated as part of our 5-year needs assessment and establishment of new State Performance Measures.

70. Section Number: State Performance Measure #7

Field Name: SM7

Row Name:

Column Name:

Year: 2002

Field Note:

This measure, which was previously revised for FY02 and future years, is now scored from a Checklist which includes five components, each of which is scored on a separate scale; the maximum total score is 49: 1) Training and Technical Assistance (TA) strategies for providers, licensers and policymakers on health and safety in child care are available and used; 2) A Massachusetts-specific curriculum based on the National Training Institute for Child Care Health Consultants (NTI) is developed and implemented; 3) Systematic data systems monitoring preventive health measures are in place in child care settings; 4) National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs (NHSPS) are successfully adopted by State's early childhood programs; and 5) The percentage of child care settings that have Child Care Health Consultants (CCHC). See Notes to Form 16 (Detail Sheet) for details on components and scoring. See the Detail Sheet (in Form 16) for this measure for definitions and discussions of its significance and development. The Checklist itself is provided as an Attachment to the "Last Year's Accomplishments" sub-section of State Performance Measure 7 (in Part IV, Section D. of our Narrative Application), with the FY02 scoring by component shown.

Both the activities reflected in the components and the process of measuring our progress are being implemented in close collaboration with the Office of Child Care Services.

71. Section Number: State Performance Measure #7

Field Name: SM7

Row Name:

Column Name:

Year: 2003

Field Note:

This measure, which was previously revised for FY02 and future years, is now scored from a Checklist which includes five components, each of which is scored on a separate scale; the maximum total score is 49: 1) Training and Technical Assistance (TA) strategies for providers, licensers and policymakers on health and safety in child care are available and used; 2) A Massachusetts-specific curriculum based on the National Training Institute for Child Care Health Consultants (NTI) is developed and implemented; 3) Systematic data systems monitoring preventive health measures are in place in child care settings; 4) National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs (NHSPS) are successfully adopted by State's early childhood programs; and 5) The percentage of child care settings that have Child Care Health Consultants (CCHC). See Notes to Form 16 (Detail Sheet) for details on components and scoring. See the Detail Sheet (in Form 16) for this measure for definitions and discussions of its significance and development. The Checklist itself is provided as an Attachment to the "Last Year's Accomplishments" sub-section of State Performance Measure 7 (in Part IV, Section D. of our Narrative Application), with the FY03 scoring by component shown.

Both the activities reflected in the components and the process of measuring our progress are being implemented in close collaboration with the Office of Child Care Services.

72. Section Number: State Performance Measure #8

Field Name: SM8

Row Name:

Column Name:

Year: 2002

Field Note:

This measure is scored from a Checklist which includes five components, each of which is scored on scales that produce a maximum weighted score of 10: 1) assurance that nutrition screening and education, along with referrals to assessment, counseling, and services as needed, are available to all pregnant and post-partum women, infants, children and adolescents (including those with special health care needs) in all MCH-funded direct service programs; 2) assurance that referrals to WIC are made for all eligible clients of all DPH-funded MCH programs; 3) adoption and promotion of comprehensive nutrition screening standards for pregnant and post-partum women, infants, children and adolescents; 4) establishment and use of a Work Group to identify and prioritize nutrition-related health issues and to investigate intervention strategies; and 5) implementation of strategies to address the priority issues identified through the Work Group. See Notes to Form 16 (Detail Sheet) for details on components and scoring. See the Detail Sheet (in Form 16) for this measure for definitions and discussions of its significance and development. The Checklist itself is provided as an Attachment to the "Last Year's Accomplishments" sub-section of State Performance Measure 8 (in Part IV, Section D. of our Narrative Application), with the FY02 scoring by component shown.

The measure was thoroughly reviewed and reconstituted during our Needs Assessment process. Previous scores have not been modified. It addresses a large number of systems attributes and relies on data and qualitative assessments from a number of sources and viewpoints. We continue to find no single measure of nutritional status appropriate or available on a population basis, and thus continue to opt for a measure of comprehensive systems development as an intermediate outcome. The effectiveness of the new version of this measure will continue to be monitored.

73. Section Number: State Performance Measure #8

Field Name: SM8

Row Name:

Column Name:

Year: 2003

Field Note:

This measure is scored from a Checklist which includes five components, each of which is scored on scales that produce a maximum weighted score of 10: 1) assurance that nutrition screening and education, along with referrals to assessment, counseling, and services as needed, are available to all pregnant and post-partum women, infants, children and adolescents (including those with special health care needs) in all MCH-funded direct service programs; 2) assurance that referrals to WIC are made for all eligible clients of all DPH-funded MCH programs; 3) adoption and promotion of comprehensive nutrition screening standards for pregnant and post-partum women, infants, children and adolescents; 4) establishment and use of a Work Group to identify and prioritize nutrition-related health issues and to investigate intervention strategies; and 5) implementation of strategies to address the priority issues identified through the Work Group. See Notes to Form 16 (Detail Sheet) for details on components and scoring. See the Detail Sheet (in Form 16) for this measure for definitions and discussions of its significance and development. The Checklist itself is provided as an Attachment to the "Last Year's Accomplishments" sub-section of State Performance Measure 8 (in Part IV, Section D. of our Narrative Application), with the FY03 scoring by component shown.

The measure was thoroughly reviewed and reconstituted during our Needs Assessment process. Previous scores have not been modified. It addresses a large number of systems attributes and relies on data and qualitative assessments from a number of sources and viewpoints. We continue to find no single measure of nutritional status appropriate or available on a population basis, and thus continue to opt for a measure of comprehensive systems development as an intermediate outcome. The effectiveness of the new version of this measure will continue to be monitored.

74. Section Number: State Performance Measure #8

Field Name: SM8

Row Name:

Column Name:

Year: 2004

Field Note:

This measure is scored from a Checklist which includes five components, each of which is scored on scales that produce a maximum weighted score of 10: 1) assurance that nutrition screening and education, along with referrals to assessment, counseling, and services as needed, are available to all pregnant and post-partum women, infants, children and adolescents (including those with special health care needs) in all MCH-funded direct service programs; 2) assurance that referrals to WIC are made for all eligible clients of all DPH-funded MCH programs; 3) adoption and promotion of comprehensive nutrition screening standards for pregnant and post-partum women, infants, children and adolescents; 4) establishment and use of a Work Group to identify and prioritize nutrition-related health issues and to investigate intervention strategies; and 5) implementation of strategies to address the priority issues identified through the Work Group. See Notes to Form 16 (Detail Sheet) for details on components and scoring. See the Detail Sheet (in Form 16) for this measure for definitions and discussions of its significance and development. The Checklist itself is provided as an Attachment to the "Last Year's Accomplishments" sub-section of State Performance Measure 8 (in Part IV, Section D. of our Narrative Application), with the FY04 scoring by component shown.

The measure is being retired as part of our 5-year needs assessment process and establishment of new State Performance Measures. A new measure related to promotion of healthy weight is being substituted.

75. Section Number: State Performance Measure #10

Field Name: SM10

Row Name:

Column Name:

Year: 2002

Field Note:

This measure was new with our FY01 Application and was developed in conjunction with a new priority area (violence against women and children) identified through our Needs Assessment. Based on experience in the first two years of use, this measure has been modified for FY02 and future years and. It has four components, each with a maximum score of 4, for a maximum total score of 16: 1) development of comprehensive protocols (core and setting-specific) related to violence against women and children (for patient education, screening, care and referral) for all MCH-related program types; 2) percentage of MCH-related programs with developed and approved protocols; 3) degree to which comprehensive education and training curriculum is developed and delivered prior to implementation of screening, care and referral protocols; and 4) percentage of MCH-related programs with protocols that have implemented provider training with developed curriculum.

See Notes to Form 16 (Detail Sheet) for details on the revised components and scoring. See the Detail Sheet (in Form 16) for this measure for definitions and discussions of its significance and development. The Checklist itself is provided as an Attachment to the "Last Year's Accomplishments" sub-section of State Performance Measure 8 (in Part IV, Section D. of our Narrative Application), with the FY02 scoring by component shown.

76. Section Number: State Performance Measure #10

Field Name: SM10

Row Name:

Column Name:

Year: 2003

Field Note:

This measure was new with our FY01 Application and was developed in conjunction with a new priority area (violence against women and children) identified through our Needs Assessment. Based on experience in the first two years of use, this measure was modified for FY02 and future years. It has four components, each with a maximum score of 4, for a maximum total score of 16: 1) development of comprehensive protocols (core and setting-specific) related to violence against women and children (for patient education, screening, care and referral) for all MCH-related program types; 2) percentage of MCH-related programs with developed and approved protocols; 3) degree to which comprehensive education and training curriculum is developed and delivered prior to implementation of screening, care and referral protocols; and 4) percentage of MCH-related programs with protocols that have implemented provider training with developed curriculum.

See Notes to Form 16 (Detail Sheet) for details on the revised components and scoring. See the Detail Sheet (in Form 16) for this measure for definitions and discussions of its significance and development. The Checklist itself is provided as an Attachment to the "Last Year's Accomplishments" sub-section of State Performance Measure 8 (in Part IV, Section D. of our Narrative Application), with the FY03 scoring by component shown.

77. Section Number: State Performance Measure #10

Field Name: SM10

Row Name:

Column Name:

Year: 2004

Field Note:

This measure was new with our FY01 Application and was developed in conjunction with a new priority area (violence against women and children) identified through our Needs Assessment. Based on experience in the first two years of use, this measure was modified for FY02 and future years. It has four components, each with a maximum score of 4, for a maximum total score of 16: 1) development of comprehensive protocols (core and setting-specific) related to violence against women and children (for patient education, screening, care and referral) for all MCH-related program types; 2) percentage of MCH-related programs with developed and approved protocols; 3) degree to which comprehensive education and training curriculum is developed and delivered prior to implementation of screening, care and referral protocols; and 4) percentage of MCH-related programs with protocols that have implemented provider training with developed curriculum.

See Notes to Form 16 (Detail Sheet) for details on the revised components and scoring. See the Detail Sheet (in Form 16) for this measure for definitions and discussions of its significance and development. The Checklist itself is provided as an Attachment to the "Last Year's Accomplishments" sub-section of State Performance Measure 8 (in Part IV, Section D. of our Narrative Application), with the FY04 scoring by component shown.

The measure is being retired as part of our 5-year needs assessment process and establishment of new State Performance Measures.

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]
STATE: MA

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	4.95	5	5	5	5
Annual Indicator	4.6	5.0	4.9	4.8	4.8
Numerator	377	407	397	384	
Denominator	81,582	81,014	80,624	80,167	
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	4.8	4.8	4.8	4.8	4.8
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	1.87	2	2	2	2
Annual Indicator	2.9	2.6	2.5	2.7	2.6
Numerator	11.7	11.7	11.1	13	
Denominator	4	4.5	4.5	4.9	
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	2	2	2	2	2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	3.79	3.75	3.71	3.67	3.63
Annual Indicator	3.5	3.8	3.7	3.6	3.6
Numerator	288	308	299	286	
Denominator	81,582	81,014	80,624	80,167	
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	3.6	3.6	3.6	3.6	3.6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	1.16	1.2	1.2	1.2	1.2
Annual Indicator	1.1	1.2	1.2	1.2	1.2
Numerator	89	99	98	98	
Denominator	81,582	81,014	80,624	80,167	
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	1.2	1.2	1.2	1.2	1.2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	9.1	6	6	6	6
Annual Indicator	5.4	5.6	5.5	5.6	5.6
Numerator	439	453	446	453	
Denominator	81,776	81,202	80,808	80,378	
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	5.6	5.6	5.6	5.6	5.6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	13.28	15	15	15	15
Annual Indicator	15.3	14.3	14.1	12.6	13
Numerator	181	169	167	149	
Denominator	1,181,378	1,181,378	1,181,378	1,181,378	
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	14	14	14	14	14
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

FORM NOTES FOR FORM 12

None

FIELD LEVEL NOTES

1. **Section Number:** Outcome Measure 1
Field Name: OM01
Row Name:
Column Name:
Year: 2004
Field Note:
2004 birth and infant mortality data are not available. We have estimated a similar rate to that for 2003. See 2003 for the most recent data and see the Note for 2003 for data sources and other comments.
2. **Section Number:** Outcome Measure 2
Field Name: OM02
Row Name:
Column Name:
Year: 2004
Field Note:
2004 birth and infant mortality data are not available. We have estimated a similar rate to that for 2003. See 2003 for the most recent data and see the Note for 2003 for data sources and other comments.
3. **Section Number:** Outcome Measure 3
Field Name: OM03
Row Name:
Column Name:
Year: 2004
Field Note:
2004 birth and infant mortality data are not available. We have estimated a similar rate to that for 2003. See 2003 for the most recent data and see the Note for 2003 for data sources and other comments.
4. **Section Number:** Outcome Measure 4
Field Name: OM04
Row Name:
Column Name:
Year: 2004
Field Note:
2004 birth and infant mortality data are not available. This rate has remained constant for a number of years and we estimate it will continue in 2004. See 2003 for the most recent data and see the Note for 2003 for data sources and other comments.
5. **Section Number:** Outcome Measure 5
Field Name: OM05
Row Name:
Column Name:
Year: 2004
Field Note:
2004 birth, infant mortality, and fetal deaths data are not available. We have estimated a similar rate to that for 2003. See 2003 for the most recent data and see the Note for 2003 for data sources and other comments.
6. **Section Number:** Outcome Measure 6
Field Name: OM06
Row Name:
Column Name:
Year: 2004
Field Note:
2004 death data are not available. We have estimated a similar rate to that for 2003. See 2003 for the most recent data and see the Note for 2003 for data sources and other comments.

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: MA

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

3

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

3

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

3

4. Family members are involved in service training of CSHCN staff and providers.

2

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

3

6. Family members of diverse cultures are involved in all of the above activities.

1

Total Score: 15

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

- 1. Section Number:** Main
Field Name: Question1
Row Name: #1. Family members participate on advisory committee or task forces...
Column Name:
Year: 2006
Field Note:
Opportunities are available and well publicized. Families are encouraged and supported to participate.
- 2. Section Number:** Main
Field Name: Question2
Row Name: #2. Financial support (...) is offered for parent activities or parent groups.
Column Name:
Year: 2006
Field Note:
We provide financial support and work individually with a family to overcome additional barriers to attending parent activities within a region or statewide. The Early Intervention program is often used to assist with transportation barriers and on-site childcare when requested. Parents tell us that receipt of a stipend "levels the playing field," making them feel on an equal footing with professionals at the table.
- 3. Section Number:** Main
Field Name: Question3
Row Name: #3. Family members are involved in the Children with Special Health Care Needs...
Column Name:
Year: 2006
Field Note:
This was a very strong year for this characteristic. Families were very participatory in the Needs Assessment process. A comprehensive method for family involvement is in place.
- 4. Section Number:** Main
Field Name: Question4
Row Name: #4. Family members are involved in service training of CSHCN staff and providers.
Column Name:
Year: 2006
Field Note:
There is an expectation that all staff, including parent professionals, will be involved in all training opportunities. Some still perceive a slight stigma.
- 5. Section Number:** Main
Field Name: Question5
Row Name: #5. Family members hired as paid staff or consultants to the State CSHCN program...
Column Name:
Year: 2006
Field Note:
This is an area where Massachusetts has been a leader for many years. The number and variety of programs within the Bureau and the Department that have hired parents for their expertise as a family member continues to grow. These programs are not only those serving children with special health care needs. Family expertise is highly valued. There are enough parent staff that they are a strong support for each other.
- 6. Section Number:** Main
Field Name: Question6
Row Name: #6. Family members of diverse cultures are involved in all of the above activities
Column Name:
Year: 2006
Field Note:
This continues to be a priority area where progress is slower than we would like. We continue to outreach to diverse parents / families and will work with the National Center on Cultural Competence to improve our efforts.

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: MA FY: 2006

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Improve the health and well-being of women in their childbearing years.
2. Improve adolescent health through coordinated youth development and risk reduction.
3. Improve supports for the successful transition of youth with special health needs to adulthood.
4. Integrate service systems and data, and use data to inform practice.
5. Increase capacity to promote healthy weight.
6. Develop and implement initiatives that address violence against women, children, and youth.
7. Increase the integration of unintentional injury prevention into relevant MCH programs.
8. Improve oral health.
9. Develop and implement public health programs, policies and collaborations that promote positive mental health.
- 10.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: MA

APPLICATION YEAR: 2006

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Massachusetts is making a request for Technical Assistance in undertaking a CAST 5 Assessment	After significant changes in state resources and restructuring of the Department into larger Centers, CAST 5 would provide a better understanding of current resources and needed rebuilding or enhancements to assure strong MCH/CSHCN services.	Not certain at this time. A formal request will be made using the new process when that is determined.
2.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the			

	measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: MA

SP # 1

PERFORMANCE MEASURE:

The percentage of pregnancies among women age 18 and over that are intended.

STATUS:

Active

GOAL

To reduce unintended pregnancies.

DEFINITION

This measure is based on information from the Massachusetts Behavioral Risk Factor Surveillance System (BRFSS). Among women who were pregnant or had been pregnant within the past 5 years when interviewed, the pregnancy was defined as intended (or not unplanned) if she wanted to be pregnant then or sooner. Because the BRFSS results are reported as population-based estimates based on weighted survey data, only the percent will be reported, without numerators and denominators.

Numerator:

The number of pregnancies to women age 18 and over that are intended.

Denominator:

The total number of pregnancies to women age 18 and over.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Massachusetts Behavioral Risk Factor Survey System (BRFSS). The questions addressing this measure are now included every other year (beginning in 1998); no comparable data are available for previous years. The questions will be asked every other year. Thus projected Annual Performance Objectives will be measured in alternate years. Because the BRFSS is a survey of persons age 18 and over, this measure does not capture the degree to which pregnancies to younger teens are intended.

SIGNIFICANCE

Unintended pregnancy is both frequent and widespread in the U.S. The most recent estimate from the National Survey of Family Growth indicates that 49% of all pregnancies are unintended, either mistimed or unwanted altogether; this % is higher than found in several other Western democracies. Unintended pregnancy affects all segments of society but the highest rates tend to be among women who are ages 18-24, unmarried, low-income, black or Hispanic. Unintended pregnancy is related to adverse health outcomes for both mothers and infants, imposing appreciable burdens on children and families.

SP # 3

PERFORMANCE MEASURE:

Percent of children and youth enrolled in Medicaid, CMSP, or Title XXI who receive any preventive (well-child) services annually.

STATUS:

Active

GOAL

To assure that all children and youth enrolled in publicly-funded health insurance programs use the preventive components of care in order to maximize potential benefits to their health and development.

DEFINITION

Numerator:

Number of children (ages birth through 20) who have received a preventive service (see definition below) from MassHealth (Medicaid) during the fiscal year.

Denominator:

Total number of children (ages birth through 20) enrolled in MassHealth (Medicaid) during the federal fiscal year who should have received at least one initial or periodic screening service (see definition below).

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Massachusetts Department of Medical Assistance (DMA) - MassHealth. Medicaid Management Information System. HCFA 416 - Annual EPSDT Participation Report (October - September). Many 416 Report definitions and requirements for data reporting were changed significantly, effective with the 98-99 Report. See Endnotes for Form 11 for further explanation and caveats. Data for the Children's Medical Security Program (CMSP) have been included beginning in FY00. Data on Title XXI (CHIP) recipients not included in the HCFA 416 report are not yet available.

SIGNIFICANCE

Enrollment in Medicaid (MassHealth in Massachusetts) or other publicly-funded health insurance programs does not necessarily result in improved health outcomes if access does not get translated into regular and appropriate use, especially of preventive services. With virtually all children in MassHealth enrolled in some form of managed care setting (an HMO or a Primary Care Clinician), preventive care utilization should be high.

SP # 4

PERFORMANCE MEASURE:

Percent of children and youth (ages 3 - 18) enrolled in Medicaid or CMSP who receive preventive dental services annually.

STATUS:

Active

GOAL

To assure that children and youth enrolled in Medicaid (MassHealth) receive the benefits of regular dental care to promote lifelong oral health.

DEFINITION

Numerator:

Number of children (ages 3 to 18) who have received a dental assessment (see definition below) from MassHealth (Medicaid) or Children's Medical Security Program (CMSP) during the fiscal year.

Denominator:

Total number of children (ages 3 to 18) enrolled in MassHealth (Medicaid) and Children's Medical Security Program (CMSP) during the reporting period (federal fiscal year).

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Massachusetts Department of Medical Assistance (DMA) - MassHealth. Medicaid Management Information System. HCFA 416 - Annual EPSDT Participation Report, October 1 - September 30. Massachusetts Department of Public Health - CMSP data.

SIGNIFICANCE

Access to regular dental care remains a major problem for Medicaid recipients due to the low participation rates of dentists in Medicaid, low Medicaid reimbursement rates, and the lack of other public dental health services in many areas. A legislative Oral Health Commission report issued in early 2000 made a number of recommendations to improve access to dental care across the lifespan. A number of state initiatives to address this growing problem are now underway: state funding to expand community health center dental care capacity coverage for dental services under CMSP; and increases to Medicaid (MassHealth) rates. Monitoring the impact of these changes on utilization of preventive oral health services among the targeted populations is critical.

SP # 5

PERFORMANCE MEASURE:

The percent of women who report not smoking during their current pregnancy.

STATUS:

Active

GOAL

To reduce the use of tobacco products by women of reproductive age, thus reducing a number of health risks for the mother, the fetus, and young children.

DEFINITION

Numerator:

The number of resident women giving birth in the calendar year who report not smoking during their pregnancy, as recorded on birth certificates.

Denominator:

Number of total resident live births in the calendar year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Massachusetts Department of Public Health; Vital Records. In monitoring this measure over time, we will also examine the degree to which women who are smoking when they became pregnant either stop smoking or reduce their smoking intensity during the pregnancy. While the quality of the data on smoking are believed to have improved in recent years, it is important to note that the data are based on self-reported behavior and are subject to variations in hospital reporting quality control. Program-specific data on this measure and related ones are also collected and monitored. Reduction in smoking during pregnancy is a contract performance measure for perinatal service programs funding by the Bureau.

SIGNIFICANCE

Tobacco smoke has a direct effect on reproductive health. Tobacco use during pregnancy is recognized as the leading preventable cause of poor birth outcomes in Massachusetts. Particularly, smoking increases by 50% the probability of having a low birth weight infant. We are placing attention on tobacco education and cessation initiatives within specialized programs, media campaigns and integrated primary health care messages for pregnant women and, to decrease the pool of women entering pregnancy as smokers, we are also focusing initiatives on women of child bearing age who smoke.

SP # 6

PERFORMANCE MEASURE:

The rate (per 1,000) of chlamydia cases among females aged 15 through 19.

STATUS:

Active

GOAL

To reduce high-risk sexual behaviors and the prevalence of sexually transmitted diseases among adolescents.

DEFINITION

The definition of this measure has been modified slightly. The rate being calculated has been changed from the rate per 100,000 females ages 15-19 to the rate per 1,000 females 15-19. Thus this measure corresponds to Developmental Health Status Indicator #03A. Previously reported annual performance objectives and indicators have been adjusted accordingly.

Numerator:

Number of cases of chlamydia reported in females aged 15-19.

Denominator:

Estimated number of females aged 15 through 19.

Units: 1000 **Text:** Rate per 1,000

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Numerator: Massachusetts Department of Public Health; Sexually Transmitted Disease Program. Denominator: most recent MISER (Massachusetts Institute for Social and Economic Research) population estimates by age and sex for data year. MISER estimates for 1999 and beyond are not yet available. U.S. Census Bureau population estimates by age and sex, although available for 1999, are no longer being used due to significant discrepancies with MISER in the teen/young adult age group. We will therefore now use only MISER estimates. Rates shown may differ from rates previously published or presented in reports from the Division of Sexually Transmitted Diseases, due to differences in the denominators used.

SIGNIFICANCE

Sexually transmitted diseases, measured here by tracking the chlamydia rate, are an indicator of unprotected sexual activity among youth, which can also result in teen pregnancy and HIV / AIDS. Reductions in STD rates can be achieved through efforts to reduce risk-taking behavior, improve access to and utilization of appropriate health services, etc.

SP # 8

PERFORMANCE MEASURE:

The degree to which the State assures nutrition screening and education, with referrals to assessment, counseling and services as indicated, for pregnant women, children and adolescents.

STATUS:

Active

GOAL

To reduce the prevalence of preventable nutrition-related disease and health risks; to improve lifelong health status.

DEFINITION

This measure is defined and tracked by scores on a checklist of five multi-faceted components of a fully developed statewide infrastructure supporting a comprehensive MCH nutrition health system. Scoring for the components has been standardized to weight each according to its relative importance toward the maximum possible score of 50. See Notes for details on the components and scoring. A copy of the checklist is also provided in Section 5.3.9. The scores checked indicate the degree to which the systems characteristics and improvements have been implemented for the reporting year.

Numerator:

None

Denominator:

None

Units: 1 **Text:** Scale

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

MDPH, Bureau of Family and Community Health program databases. The content and scoring for this measure were revised in FY01. Data for FY97 and FY98 are not comparable to those for FY99 and beyond.

SIGNIFICANCE

Good nutrition is essential to achieve and maintain good health. Among the areas of concern for MCH are: 1) assuring adequate nutrition for improved pregnancy outcomes and promoting healthy child development; 2) decreasing rates of obesity among all age groups; 3) the contribution of specific nutritional components (such as iron, folic acid, and calcium) to lifetime health status; 4) food insecurity and hunger. These critical issues require regular, age-appropriate screening to identify those at risk; appropriate referrals for assessment, counseling, and other services; availability of critical services (e.g. WIC) for high-risk groups; and other public health interventions (public awareness, care standards and protocols, etc.) A systems approach is needed to monitor progress, identify changing needs and implement best-practice strategies.

SP # 10

PERFORMANCE MEASURE:

The degree to which the state has developed and implemented comprehensive education, screening and referral protocols for violence against women and children (on scale from 0 to 16).

STATUS:

Active

GOAL

To reduce violence against women and children

DEFINITION

Current: This measure, new in FY01 and revised in FY02, is defined and tracked by scores on a checklist of 4 system measures that that will characterize a fully developed system of comprehensive education, screening and referral protocols for violence against women and children. Possible scores range between 0 and 16. [Prior to FY02, the possible scores ranged between 0 and 20.] See Notes for details on the components and scoring. A copy of the checklist with current scores is provided as an attachment with the Measure in Part IV, Section D.

Numerator:

None

Denominator:

None

Units: 1 **Text:** Scale

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Data Sources: MDPH, Bureau of Family and Community Health.

SIGNIFICANCE

Violence against women and children affect maternal and child health both directly and indirectly. The experience of domestic violence during pregnancy has serious health effects on both mother and fetus as a result of direct injury, delayed entry into prenatal care, and other serious emotional and mental health consequences. Correlations between the experience of sexual violence and suicidal ideation or attempts in adolescents have been documented. Health care providers can serve as important points of entry into services for women experiencing domestic violence and sexual assault. Guidance and support to providers in the development and implementation of comprehensive education, screening, care and referral protocols will increase identification of victims and the provision of appropriate options and services.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

1. Section Number: State Performance Measure 5

Field Name: SPM5

Row Name:

Column Name:

Year: 2006

Field Note:

This measure is a checklist of seven items, each of which is scored on a separate scale and two of which have several subcomponents. The possible total score ranges from 0 to 68. Each item and its maximum possible score is listed below.

Item 1. Adolescent health screening and intervention taskforce designated and monthly meetings scheduled (1 point)

Item 2. Annual workplan adopted by Taskforce (1 point)

Item 3. Asset-based youth screening principles adopted (1 point)

Item 4. Screening objectives developed for up to 8 programs and agreed upon by the DPH Youth and Young Adult Working Group [1], [2] (1 point for each program with screening objectives specified in matrix; maximum of 8 points)

Item 5. Matrix and principles approved by Center for Community Health Executive Team (1 point)

Item 6. Logic model (inputs to outcomes) developed for overall collaborative project, including risk behavior/youth resiliency outcome measures:

-- initial development (3 points)

-- annual progress review, reporting in terms of model, and reporting progress on outcomes (3 points)

-- annual update of model based on review (2 points) (Maximum of 8 points)

Item 7. Protocols, standards, and training are implemented for each program in matrix. (Total possible points = 40; 1 each per program for items 7A – 7D and 2 each per program for items 7E.):

7A. Protocols and standards determined and adopted by the Youth and Young Adult Work Group (for initial adoption only)

7B. Training needs identified and agreed upon by the Youth and Young Adult Work Group

7C. Training implemented

7D. Protocols and standards determined and adopted by the Youth and Young Adult Work Group

7E. Protocols and standards implemented by the programs for all risks factors in each cell in the matrix and reviewed annually for possible changes.

2. Section Number: State Performance Measure 6

Field Name: SPM6

Row Name:

Column Name:

Year: 2006

Field Note:

This measure is a checklist of 5 multi-faceted items, each scored on a separate scale. The possible total score ranges from 0 to 97. Each item and its maximum possible score is listed below.

Item 1. The state assures that programs measure breastfeeding at two months for their clients. (Total points = 12)

Up to three points each for a Statewide PRAMS system, WIC and two other programs (to be determined) on three stages of measurement: Program has system; PRAMS baseline established; 5% increase over baseline achieved.

Item 2. The Center for Community Health establishes consistent nutrition & physical activity messages across DPH programs. (Total points = 2)

2A. Internal task force recommends messages for children & youth and for adults. (1 point)

2B. Management approves messages and determines programs to promote messages. (1 point)

Item 3. The Center for Community Health promotes consistent nutrition and physical activity messages across DPH programs. (Total points = 40)

Scale: 1 = 0-20%; 2 = 21-40%; 3 = 41-60%; 4 = 61-80%; 5 = 81-100%.

Scored for each of 4 stages:

3A. % of programs with documented method to promote the messages to the intended populations & a process evaluation plan.

3B. Programs have determined outcome measures, a sampling methodology if needed, & a system to collect required data.

3C. Programs have implemented messages.

3D. Program reports annually on process measures regarding nutrition

Scale: 1-2 = 0-20%; 3-4 = 21-40%; 5-6 = 41-60%; 7-8 = 61-80%; 9-10 = 81-100%.

Scored for each of 2 stages:

3E. % of programs that have implemented outcome evaluation / measures of nutrition outcomes.

3F. % of programs that have established baseline and goals for improvement for a meaningful subset or all of the targeted population.

Item 4. Schools have improved policies and systems for nutrition and healthy weight (Total points = 33)

Scale: 1 = baseline set; 3 = 1-20%; 5 = 21-40%; 7 = 41-60%; 9 = 61-80%; 11 = 81-100%.

Scored for each of 3 school-based interventions:

Healthy Choice schools: % improving on one component

Healthy Choice schools: % improving on multiple components

Essential School Health schools: % improving on one component

Item 5. The Center has the capacity to measure weight status and change in key programs. (Total points = 20)

5A. Essential School Health schools: % reporting BMIs for 70% or more of 1 or more grades (1, 4, 7, or 10) (Total points = 5)

Scale: 0-20% of schools = 1 point; 21-40% = 2 points; 41-60% = 3 points; 61-80% = 4 points; 81-100% = 5 points.

5B. School-Based Health Centers: % reporting annual BMI for users (Total points = 5)

Scale: at least 30% (baseline) = 1 point; 31-50% = 2 points; 51-70% = 3 points; 71-90% = 4 points; 91-100% = 5 points.

5C. PNSS sites: % reporting various increases in pregnant women with appropriate weight gain. (Total points = 10)

Scale: formula based on % of sites reporting levels of improvement over baseline from none to more than 20% improvement.

3. Section Number: State Performance Measure 7

Field Name: SPM7

Row Name:

Column Name:

Year: 2006

Field Note:

This measure is a checklist of five items, each of which is scored on a separate scale. The possible total score ranges from 0 to 20. Each item and its maximum possible score is listed below.

Item 1. Clinical training and preceptorships of current pediatric sexual assault nurse examiner candidates are completed. (Possible points = 3; some points for partial completion)

Item 2. Pilot of Pedi-SANE kit and protocol completed in 2 clinical settings (Total possible points = 3)

Item 3. Pedi-SANE services implemented within 5 child advocacy centers (CAC) (Total possible points = 5, one for each CAC)

Item 4. Pedi-SANE services implemented in alternative venues in remaining 6 jurisdictions (Total possible points = 6, one for each implementation site)

Item 6. Pedi-SANE services delivered with 90% quality assurance based upon standards and protocol (Total possible points = 3)

4. Section Number: State Performance Measure 8

Field Name: SPM8

Row Name:

Column Name:

Year: 2006

Field Note:

This measure is a checklist of five items, each of which is scored on a separate scale and weighted before being added together for a total score. The maximum total score is 50. Each item and its maximum possible score is listed below.

Item 1. The State assures that nutrition screening and education, with referrals to assessment, counseling and services as indicated, are available to all pregnant and postpartum women, infants, children and adolescents (including those with special health care needs) in all MCH-funded direct service programs.

Categories: <10%; 10 - 40%; 41 - 60%; 61 - 90%; >90%.

Scored for each of seven programs separately: Perinatal/Pediatric/Adolescent Primary Care; Early Intervention; FIRSTSteps; School-Based Health Centers; Family Planning; FIRSTLink; FOR Families. Maximum total weighted score = 10.

Item 2. All DPH-funded MCH programs assure that referrals to WIC are made for all eligible program participants. Maximum total weighted score = 10.

Scale: 2 = <10%; 4 = 0 - 40%; 6 = 41 - 60%; 8 = 61 - 90%; 10 = >90%.

Item 3. The State has adopted comprehensive nutrition screening standards for pregnant and postpartum women, infants, children and adolescents, and promotes their use among clinicians, parents, schools, child care providers, etc. Maximum total weighted score = 10.

Scale:

2.5 = Standards adopted for some but not all target populations;

5 = Standards adopted and promoted for some but not all target populations;

7.5 = Standards adopted for all target populations and promoted for some but not all;

10 = Standards adopted and promoted for all target populations.

Item 4. There is an established mechanism to identify and prioritize nutrition-related health issues, and to investigate strategies to address them. Maximum total weighted score = 10.

Scale:

0 = No progress; no mechanism established;

2.5 = There is an organized workgroup convened for this purpose, and it has met at least once. This body has the capacity to obtain both expert and consumer input;

5 = The group meets on a regular basis to identify priority areas;

7.5 = The group has investigated interventions or strategies to address the current priority;

10 = The group has recommended strategy(ies) to address the current priority.

Item 5. Strategies have been implemented to address the priority nutrition-related health issues identified by the Workgroup referenced in Item 4. Maximum total weighted score = 10

Scale: 2 = <10%; 4 = 10 - 40%; 6 = 41 - 60%; 8 = 61 - 90%; 10 = >90%.

5. Section Number: State Performance Measure 9

Field Name: SPM9

Row Name:

Column Name:

Year: 2006

Field Note:

This measure is a checklist of three multi-faceted items, each scored on a separate scale. The possible total score ranges from 0 to 20. Each item and its maximum possible score is listed below.

1. The degree to which the state develops and implements a state plan and supports programs that address perinatal disparities at the state level. (Total points = 12)

1a. Advisory group established to develop a state plan to address perinatal disparities (Total points = 4)

Scale: 0 = No advisory group identified; 1 = Advisory group members identified; 2 = Goals established for advisory group; 3 = Advisory group develops a state plan; 4 = Strategic plan fully implemented.

1b. State Perinatal Regulations revised and promulgated (Total points = 4)

Scale: 0 = Perinatal Regulations not revised; 1 = Perinatal Regulation revisions initiated; 2 = Perinatal Regulations revision completed; 3 = Perinatal Regulations promulgated; 4 = Perinatal Regulations fully implemented in all Massachusetts birth hospitals.

1c. Protocols for addressing racism developed in all state-supported perinatal programs (Total points = 4)

Scale: 0 = no protocols initiated; 1 = outline in place and draft developed; 2 = protocols submitted for approval; 3 = protocols approved and adopted by state supported perinatal programs; 4 = funding to state supported perinatal programs subject to compliance with protocols.

2. The degree to which the state supports communities to develop and implement plans that address perinatal disparities. (Total points = 4)

Scale: 0 = no partnership between state and community to address disparities; 1 = state engages with stakeholders and community partners to address racial disparities in their community; 2 = State provides technical support to communities for developing plan to address racial disparities; 3 = State and community collaborate to develop and implement plan targeting policies and programs to address perinatal disparities; 4 = Community plan fully developed and implemented.

3. The degree to which communities use state and local data to identify perinatal disparities; inform policy; and prioritize programs to reduce disparities in perinatal outcomes (Total points = 4)

Scale: 0 = no local capacity to collect and analyze data pertinent to perinatal strengths, skills and capacity to collect and analyze data pertinent to disparities; 1 = state engages with stakeholders and community partners to assess strengths, skills and capacity to collect and analyze data pertinent to disparities; 2 = communities have ability to collect and analyze data pertinent to disparities; 3 = communities use data to develop a plan; 4 = community plan fully developed and implemented.

6. Section Number: State Performance Measure 10

Field Name: SPM10

Row Name:

Column Name:

Year: 2006

Field Note:

This measure is a checklist of four items, each of which is scored on a separate scale. The possible total score ranges from 0 to 16.

Item 1. Working Group develops comprehensive protocols for patient education, screening, care and referral with recommendations regarding inclusion of setting-specific considerations (e.g. to address settings from community health center-based primary care services to home visiting services) and "special populations" (e.g. immigrants/refugees, persons with disabilities, GLBT survivors).

SCORING: 0 = Protocols not initiated; 1 = Outline in place and draft components developed; 2 = Setting-specific considerations drafted; 3 = Recommendations re: inclusion of "special populations" developed; 4 = Comprehensive protocols developed.

Item 2. Percentage of MCH-related programs with developed and approved protocols.

SCORING: 0 = 0 (in development); 1 = Trial implementation in selected programs; 2 = Formal pilot testing in up to 3 programs; 3 = Final protocols in 0 - 50% of programs; 4 = Protocols in 51 - 75% of programs.

Item 3. Working group develops comprehensive education and training curriculum for delivery prior to implementation of screening, care and referral protocols.

SCORING: 0 = No curriculum outline developed; 1 = Topics identified and outline in place; 2 = Core, setting-specific and cultural competence components incorporated into complete draft; 3 = Curriculum pilot tested; 4 = Curriculum revised and final draft ready for implementation.

Item 4. Percentage of MCH-related programs with protocols that have implemented provider training with developed curriculum.

SCORING: 0 = Curriculum not yet implemented; 1 = 0 - 20%; 2 = 21 - 40%; 3 = 41 - 60%; 4 = 61 - 80%.

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: MA

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	27.0	34.6	55.6	67.2	67.2
Numerator	1,073	1,375	2,209	2,668	
Denominator	397,268	397,268	397,268	397,268	
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	93.7	100.0	100.0	100.0	100.0
Numerator	26,435	29,254	16,246	31,577	29,582
Denominator	28,206	29,254	16,246	31,577	29,582
Is the Data Provisional or Final?				Final	Final

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	76.7	NaN	NaN	NaN	NaN
Numerator	587	0	0	0	0
Denominator	765	0	0	0	0
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	81.3	84.5	84.1	89.8	89
Numerator	66,325	68,481	67,593	71,787	
Denominator	81,582	81,014	80,375	79,947	
Is the Data Provisional or Final?				Final	Provisional

HEALTH SYSTEMS CAPACITY MEASURE # 07

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	64.4	73.2	85.8	46.0	48.9
Numerator	63,936	68,585	76,992	42,802	43,549
Denominator	99,319	93,728	89,758	92,976	89,055
Is the Data Provisional or Final?				Final	Final

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	100.0	100.0	100.0	100.0	100
Numerator	15,410	15,630	15,930	14,287	
Denominator	15,410	15,630	15,930	14,287	
Is the Data Provisional or Final?				Final	Provisional

FORM NOTES FOR FORM 17

None

FIELD LEVEL NOTES

1. Section Number: Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2002

Field Note:

Hospitalization data are from Massachusetts Uniform Hospital Discharge Data System (UHDDS), 1994-2001. Denominators for years through 1999 are from the most recent MISER population estimates; the denominator for 2000 is the Census Count. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere. The 2001 denominator is the same as the 2000 denominator, as no 2001 population estimates are yet available from either MISER or MDPH. MISER (the Massachusetts Institute for Social and Economic Research; <http://www.umass.edu/miser/>) produces the standard population estimates used by the Department of Public Health.

2. Section Number: Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2003

Field Note:

Hospitalization data are from Massachusetts Uniform Hospital Discharge Data System (UHDDS), Division of Health Care Finance and Policy, 1994-2003 (the most recent data available). Denominators for years through 1999 are from the most recent MISER population estimates; the denominator for 2000 is the Census Count. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere. The denominators from 2001 forward are the same as the 2000 denominator (i.e. 2000 Census), and may differ from those reported or used elsewhere. No subsequent population estimates are available from MISER (the Massachusetts Institute for Social and Economic Research). Other preliminary population estimates used in the 5-Year Needs Assessment produce slightly different rate calculations, although both use the same numerator.

The numerator includes hospitalizations where asthma was either the primary diagnosis (1,672) or a contributing cause (996).

3. Section Number: Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2004

Field Note:

2004 UHDDS data have not yet been released. We have estimated a similar rate to that for 2003. See 2003 for the most recent data and see the Note for 2003 for data sources and other comments.

4. Section Number: Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2002

Field Note:

Data Source: Massachusetts Division of Medical Assistance (state Medicaid agency), Medicaid Management Information System. Form HCFA 416: Annual EPSDT Participation Report for period October 1, 2001 to September 30, 2002.

5. Section Number: Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2003

Field Note:

Data Source: Massachusetts Division of Medical Assistance (state Medicaid agency), Medicaid Management Information System. Form HCFA 416: Annual EPSDT Participation Report for period October 1, 2002 to September 30, 2003.

6. Section Number: Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2004

Field Note:

Data Source: Massachusetts Division of Medical Assistance (state Medicaid agency), Medicaid Management Information System. Form HCFA 416: Annual EPSDT Participation Report for period October 1, 2003 to September 30, 2004.

7. Section Number: Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2002

Field Note:

Data Source: Massachusetts Division of Medical Assistance (state Medicaid agency), special data request.
All infants under 200% FPL are eligible for Medicaid rather than SCHIP.

8. Section Number: Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2003

Field Note:

Data Source: Massachusetts Division of Medical Assistance (state Medicaid agency). All infants under 200% FPL are eligible for Medicaid rather than SCHIP.

9. Section Number: Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2004

Field Note:

Data Source: Massachusetts Division of Medical Assistance (state Medicaid agency). All infants under 200% FPL are eligible for Medicaid rather than SCHIP.

10. Section Number: Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:
Column Name:
Year: 2002

Field Note:

Birth data are from MDPH, Vital Records for calendar years 1994 -2001 (the most recent year available). Calculations of the Kotelchuck Index were initially done by the Bureau of Family and Community Health, using the software and instructions provided through MCHB. The Kotelchuck Index is now calculated and reported routinely by the Department and is available in MassCHIP, which is the source for the 2001 data.

11. Section Number: Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2003

Field Note:

Birth data are from MDPH, Vital Records for calendar years 1994 -2003 (the most recent year available). Calculations of the Kotelchuck Index were initially done by the Bureau of Family and Community Health, using the software and instructions provided through MCHB. The Kotelchuck Index is now calculated and reported routinely by the Department and is available in MassCHIP, which is the source for the 2003 data.

12. Section Number: Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2004

Field Note:

2004 birth data are not available. We have estimated a similar rate to that for 2003. See 2003 for the most current data and the Note for 2003 for data sources and other comments.

13. Section Number: Health Systems Capacity Indicator #07

Field Name: HSC07

Row Name:

Column Name:

Year: 2002

Field Note:

Data Source: Massachusetts Division of Medical Assistance (state Medicaid agency).

14. Section Number: Health Systems Capacity Indicator #07

Field Name: HSC07

Row Name:

Column Name:

Year: 2003

Field Note:

Data Source: The data correspond to those reported by the Commonwealth to HCFA on Form HCFA 416; the most recent data are from the period October 1, 2002 - September 30, 2003. The 416 report now reports data in more detail than previously by children's age.

The reported percentage of Medicaid children and youth receiving any dental services continued to rise (64% in FY00, 73% in FY01, and 86% in FY02), before dropping significantly in FY03 to 46%. The increased rates may have reflected a number of positive changes: improved payment rates, increased recruitment of dentists, increased pediatric dental services available at community health centers, and increased promotion of the importance of dental care through a number of initiatives. The apparent drop, however, is due to a major correction in the data reporting methodology. We have been informed by Medicaid that the previous methodology overestimated rates of preventive dental services utilization and that they needed to change it. The previous years' data need to be recalculated for a more accurate time series and we are in the process of working with Medicaid to option the corrected data if possible. In the meantime, no trend analyses can be made from the data in hand.

15. Section Number: Health Systems Capacity Indicator #07

Field Name: HSC07

Row Name:

Column Name:

Year: 2004

Field Note:

Data Source: Massachusetts Division of Medical Assistance (state Medicaid agency), Medicaid Management Information System. Form HCFA 416: Annual EPSDT Participation Report for period October 1, 2003 to September 30, 2004.

16. Section Number: Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2002

Field Note:

All SSI beneficiaries in Massachusetts are automatically enrolled in Medicaid. The breadth of the Medicaid benefit package in the state leaves Title V with no residual responsibilities because "the extent medical assistance for such services is not provided by Medicaid" is zero. To indicate the degree to which such services are available to the SSI population, the numerator is the same as the number of children on SSI.

Data for FY2002 represent children receiving SSI and Medicaid as of 12/30/01.

17. Section Number: Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2003

Field Note:

All SSI beneficiaries in Massachusetts are automatically enrolled in Medicaid. The breadth of the Medicaid benefit package in the state leaves Title V with no residual responsibilities because "the extent medical assistance for such services is not provided by Medicaid" is zero. To indicate the degree to which such services are available to the SSI population, the numerator is the same as the number of children on SSI.

Data for FY2003 represent children receiving SSI and Medicaid as of 12/30/03.

18. Section Number: Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2004

Field Note:

Final 2004 data are not yet available.

All SSI beneficiaries in Massachusetts are automatically enrolled in Medicaid. The breadth of the Medicaid benefit package in the state leaves Title V with no residual responsibilities because "the extent medical assistance for such services is not provided by Medicaid" is zero. To indicate the degree to which such services are available to the SSI population, the numerator is the same as the number of children on SSI.

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: MA

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) Percent of low birth weight (< 2,500 grams)	2003	Payment source from birth certificate	<u>8.5</u>	<u>7.4</u>	<u>7.6</u>
b) Infant deaths per 1,000 live births	2002	Payment source from birth certificate	<u>5.7</u>	<u>4.3</u>	<u>4.8</u>
c) Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	2003	Payment source from birth certificate	<u>72.1</u>	<u>86.5</u>	<u>83.3</u>
d) Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])	2003	Payment source from birth certificate	<u>75.1</u>	<u>86.3</u>	<u>89.8</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)
STATE: MA

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) Infants (0 to 1)	2004	<u>200</u>
b) Medicaid Children (Age range <u>1</u> to <u>18</u>) (Age range <u> </u> to <u> </u>) (Age range <u> </u> to <u> </u>)	2004	<u>150</u> <u> </u> <u> </u>
c) Pregnant Women	2004	<u>200</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)
STATE: MA

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) Infants (0 to 1)	2004	<u>200</u>
b) Medicaid Children (Age range <u>1</u> to <u>18</u>) (Age range <u> </u> to <u> </u>) (Age range <u> </u> to <u> </u>)	2004	<u>200</u> <u> </u> <u> </u>
c) Pregnant Women	2004	<u>200</u>

FORM NOTES FOR FORM 18

None

FIELD LEVEL NOTES

1. **Section Number:** Indicator 06 - SCHIP
Field Name: SCHIP_Infant
Row Name: Infants
Column Name:
Year: 2006
Field Note:
All infants under 200% FPL are eligible for Medicaid rather than SCHIP.
2. **Section Number:** Indicator 06 - SCHIP
Field Name: SCHIP_Children
Row Name: SCHIP Children
Column Name:
Year: 2006
Field Note:
Under 150% FPL, children are eligible for Medicaid rather than SCHIP. Between 150% and 200% FPL, children are eligible for the non-Medicaid portion of SCHIP – assistance with the payment of insurance premiums; this includes Family Assistance/Direct Coverage and Family Assistance/Premium Assistance.
3. **Section Number:** Indicator 06 - SCHIP
Field Name: SCHIP_Women
Row Name: Pregnant Women
Column Name:
Year: 2006
Field Note:
Technically, pregnant women are not eligible for SCHIP, but remain eligible based on age, or may become eligible for Medicaid or Healthy Start for pregnancy-related care.
4. **Section Number:** Indicator 05
Field Name: LowBirthWeight
Row Name: Percent of ow birth weight (<2,500 grams)
Column Name:
Year: 2006
Field Note:
Birth data are from MDPH, Vital Records for calendar year 2003 (the most recent year available). 2004 birth data are not available.
The percentages shown differ from those published elsewhere, due to how missing data are handled. The MCHB definition of the denominator is specified as all resident births during the referenced year. In MassCHIP and most Massachusetts publications (such as Massachusetts Births), percentages are reported only for cases where information is known (i.e. the denominator excludes births for which data on the variable are missing). Using the MCHB definition reduces the calculated percentage slightly.
5. **Section Number:** Indicator 05
Field Name: InfantDeath
Row Name: Infant deaths per 1,000 live births
Column Name:
Year: 2006
Field Note:
Birth data are from MDPH, Vital Records, Births and Linked Birth / Infant Death files. Data are for 2002 and thus do not match the most recent IMR (2003) reported elsewhere in TVIS. The IMRs by Medicaid/non-Medicaid status can only be obtained from Linked Birth / Infant Death files; the most recent linked file available is for 2002. Therefore, the 2002 overall IMR is provided for comparison. [See Form 12, Outcome Measure 01 for trend data for the overall IMR for Massachusetts.]
6. **Section Number:** Indicator 05
Field Name: CareFirstTrimester
Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester
Column Name:
Year: 2006
Field Note:
Birth data are from MDPH, Vital Records for calendar year 2003 (the most recent year available). 2004 birth data are not available.
The percentages shown differ from those published elsewhere, due to how missing data are handled. The MCHB definition of the denominator is specified as all resident births during the referenced year. In MassCHIP and most Massachusetts publications (such as Massachusetts Births), percentages are reported only for cases where information is known (i.e. the denominator excludes births for which data on the variable are missing). Using the MCHB definition reduces the calculated percentage slightly.
7. **Section Number:** Indicator 05
Field Name: AdequateCare
Row Name: Percent of pregnant women with adequate prenatal care
Column Name:
Year: 2006
Field Note:
Birth data are from MDPH, Vital Records for calendar year 2003 (the most recent year available). 2004 birth data are not available.
The percentages shown differ from those published elsewhere, due to how missing data are handled. The MCHB definition of the denominator is specified as all resident births during the referenced year. In MassCHIP and most Massachusetts publications (such as Massachusetts Births), percentages are reported only for cases where information is known (i.e. the denominator excludes births for which data on the variable are missing). Using the MCHB definition reduces the calculated percentage slightly.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: MA

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	2	No
Annual linkage of birth certificates and WIC eligibility files	2	No
Annual linkage of birth certificates and newborn screening files	3	Yes
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	3	Yes
Annual birth defects surveillance system	3	Yes
Survey of recent mothers at least every two years (like PRAMS)	1	No

*Where:
1 = No, the MCH agency does not have this ability.
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: MA

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Other: Massachusetts Youth Health Survey	3	Yes

HEALTH SYSTEMS CAPACITY INDICATOR #09C (Data Capacity) Overweight/Obesity
(The Ability of the State to Determine the Percent of Children Who are Obese or Overweight)

Data Source	Does your state participate in this survey/data source? (Select 1 - 3)*	Does your MCH program have direct access to this electronic database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Pediatric Nutrition Surveillance System (PedNSS)	3	No
WIC Program Data	3	Yes
Other: School Health Data	2	Yes

*Where:

1 = No

2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.

3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:

1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

1. **Section Number:** Indicator 09A

Field Name: RecentMother

Row Name: Survey of recent mothers at least every two years (like PRAMS)

Column Name:

Year: 2006

Field Note:

Massachusetts is in the process of planning for implementation of a PRAMS system, including pilot-testing in anticipation of applying for federal funds.

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: MA

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	7.0	7.2	7.5	7.6	7.6
Numerator	5,711	5,795	6,060	6,115	
Denominator	81,582	81,014	80,624	80,167	
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	5.0	5.1	5.2	5.2	5.2
Numerator	3,886	3,931	3,972	4,006	
Denominator	78,075	77,409	76,673	76,367	
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	1.3	1.4	1.4	1.4	1.4
Numerator	1,090	1,114	1,109	1,115	
Denominator	81,582	81,014	80,624	80,167	
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	0.9	0.9	0.9	0.9	0.9
Numerator	722	730	699	713	
Denominator	78,075	77,409	76,673	76,367	
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	4.1	3.7	2.7	2.9	2.9
Numerator	52	46	34	37	
Denominator	1,259,376	1,259,376	1,259,376	1,259,376	
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	1.3	1.7	0.5	1.5	1.3
Numerator	16	21	6	19	
Denominator	1,259,376	1,259,376	1,259,376	1,259,376	
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	14.8	16.6	16.1	15.6	16
Numerator	121	136	132	128	
Denominator	820,016	820,016	820,016	820,016	
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	185.0	215.8	206.9	217.3	217.3
Numerator	2,330	2,718	2,606	2,736	
Denominator	1,259,376	1,259,376	1,259,376	1,259,376	
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	21.3	19.1	20.0	17.6	17.6
Numerator	268	240	252	222	
Denominator	1,259,376	1,259,376	1,259,376	1,259,376	
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	150.4	130.9	142.1	127.3	127.3
Numerator	1,233	1,073	1,165	1,044	
Denominator	820,016	820,016	820,016	820,016	
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	13.4	14.5	17.0	14.9	17.4
Numerator	2,760	2,973	3,488	3,055	3,565
Denominator	205,277	205,277	205,277	205,277	205,277
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	3.9	3.8	3.8	4.1	4.9
Numerator	4,749	4,629	4,663	5,008	5,912
Denominator	1,217,199	1,217,199	1,217,199	1,217,199	1,217,199
Is the Data Provisional or Final?				Provisional	Provisional

FORM NOTES FOR FORM 20

None

FIELD LEVEL NOTES

1. **Section Number:** Health Status Indicator #01A
Field Name: HSI01A
Row Name:
Column Name:
Year: 2002
Field Note:
Data for both the numerators and denominators are taken from MDPH Vital Records for calendar years 1991 – 2001. This is the most recent year of data available. The denominators are all resident births for the relevant year.
2. **Section Number:** Health Status Indicator #01A
Field Name: HSI01A
Row Name:
Column Name:
Year: 2003
Field Note:
Data for both the numerators and denominators are taken from MDPH Vital Records for calendar years 1991 – 2003 This is the most recent year of data available. The denominators are all resident births for the relevant year.
3. **Section Number:** Health Status Indicator #01A
Field Name: HSI01A
Row Name:
Column Name:
Year: 2004
Field Note:
2004 birth data are not available. We have estimated a similar rate to that for 2003. See 2003 for the most recent data and see the Note for 2003 for data sources and other comments.
4. **Section Number:** Health Status Indicator #01B
Field Name: HSI01B
Row Name:
Column Name:
Year: 2002
Field Note:
Data for both the numerators and denominators are taken from MDPH Vital Records for calendar years 1991 – 2001. This is the most recent year of data available. The denominators are all singleton resident births for the relevant year.
5. **Section Number:** Health Status Indicator #01B
Field Name: HSI01B
Row Name:
Column Name:
Year: 2003
Field Note:
Data for both the numerators and denominators are taken from MDPH Vital Records for calendar years 1991 – 2003. This is the most recent year of data available. The denominators are all singleton resident births for the relevant year.
6. **Section Number:** Health Status Indicator #01B
Field Name: HSI01B
Row Name:
Column Name:
Year: 2004
Field Note:
2004 birth data are not available. We have estimated a similar rate to that for 2003. See 2003 for the most recent data and see the Note for 2003 for data sources and other comments.
7. **Section Number:** Health Status Indicator #02A
Field Name: HSI02A
Row Name:
Column Name:
Year: 2002
Field Note:
Data for both the numerators and denominators are taken from MDPH Vital Records for calendar years 1991 – 2001. This is the most recent year of data available. The denominators are all resident births for the relevant year.
8. **Section Number:** Health Status Indicator #02A
Field Name: HSI02A
Row Name:
Column Name:
Year: 2003
Field Note:
Data for both the numerators and denominators are taken from MDPH Vital Records for calendar years 1991 – 2003. This is the most recent year of data available. The denominators are all resident births for the relevant year.
9. **Section Number:** Health Status Indicator #02A
Field Name: HSI02A
Row Name:
Column Name:
Year: 2004
Field Note:
2004 birth data are not available. We have estimated a similar rate to that for 2003. See 2003 for the most recent data and see the Note for 2003 for data sources and other comments.
10. **Section Number:** Health Status Indicator #02B
Field Name: HSI02B
Row Name:
Column Name:
Year: 2002
Field Note:
Data for both the numerators and denominators are taken from MDPH Vital Records for calendar years 1991 – 2001. This is the most recent year of data available. The denominators are all singleton resident births for the relevant year.

11. **Section Number:** Health Status Indicator #02B
Field Name: HSI02B
Row Name:
Column Name:
Year: 2003
Field Note:
Data for both the numerators and denominators are taken from MDPH Vital Records for calendar years 1991 – 2003. This is the most recent year of data available. The denominators are all singleton resident births for the relevant year.
12. **Section Number:** Health Status Indicator #02B
Field Name: HSI02B
Row Name:
Column Name:
Year: 2004
Field Note:
2004 birth data are not available. We have estimated a similar rate to that for 2003. See 2003 for the most recent data and see the Note for 2003 for data sources and other comments.
13. **Section Number:** Health Status Indicator #03A
Field Name: HSI03A
Row Name:
Column Name:
Year: 2002
Field Note:
Data on deaths are taken from MDPH Vital Records for calendar years 1991 -2001 (the most recent year available). Denominators for years through 1999 are from the most recent MISER population estimates; the denominator for 2000 is the Census Count. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere. The 2001 denominator is the same as the 2000 denominator, as no 2001 population estimates are yet available from either MISER or MDPH. MISER (the Massachusetts Institute for Social and Economic Research; <http://www.umass.edu/miser/>) produces the standard population estimates used by the Department of Public Health.
- Deaths in years 1999 and later are derived from ICD-10 codes (10th Revision of the International Classification of Diseases). Caution should be used in comparisons with previous years using ICD-9 codes.
14. **Section Number:** Health Status Indicator #03A
Field Name: HSI03A
Row Name:
Column Name:
Year: 2003
Field Note:
Data on deaths are taken from MDPH Vital Records for calendar years 1991 -2003 (the most recent year available). Denominators for years through 1999 are from the most recent MISER population estimates; the denominator for 2000 is the Census Count. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere. The denominators from 2001 forward are the same as the 2000 denominator, as no subsequent population estimates are available from either MISER or MDPH. MISER (the Massachusetts Institute for Social and Economic Research; <http://www.umass.edu/miser/>) no longer produces the standard population estimates on a regular basis.
- Deaths in years 1999 and later are derived from ICD-10 codes (10th Revision of the International Classification of Diseases). Caution should be used in comparisons with previous years using ICD-9 codes.
15. **Section Number:** Health Status Indicator #03A
Field Name: HSI03A
Row Name:
Column Name:
Year: 2004
Field Note:
2004 death data are not available. We have estimated a similar rate to that for 2003. See 2003 for the most recent data and see the Note for 2003 for data sources and other comments.
16. **Section Number:** Health Status Indicator #03B
Field Name: HSI03B
Row Name:
Column Name:
Year: 2002
Field Note:
Data on deaths are taken from MDPH Vital Records for calendar years 1991 -2001 (the most recent year available). Denominators for years through 1999 are from the most recent MISER population estimates; the denominator for 2000 is the Census Count. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere. The 2001 denominator is the same as the 2000 denominator, as no 2001 population estimates are yet available from either MISER or MDPH. MISER (the Massachusetts Institute for Social and Economic Research; <http://www.umass.edu/miser/>) produces the standard population estimates used by the Department of Public Health.
- Deaths in years 1999 and later are derived from ICD-10 codes (10th Revision of the International Classification of Diseases). Caution should be used in comparisons with previous years using ICD-9 codes.
17. **Section Number:** Health Status Indicator #03B
Field Name: HSI03B
Row Name:
Column Name:
Year: 2003
Field Note:
Data on deaths are taken from MDPH Vital Records for calendar years 1991 -2003 (the most recent year available). Denominators for years through 1999 are from the most recent MISER population estimates; the denominator for 2000 is the Census Count. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere. The denominators from 2001 forward are the same as the 2000 denominator, as no subsequent population estimates are available from either MISER or MDPH. MISER (the Massachusetts Institute for Social and Economic Research; <http://www.umass.edu/miser/>) no longer produces the standard population estimates on a regular basis.
- Deaths in years 1999 and later are derived from ICD-10 codes (10th Revision of the International Classification of Diseases). Caution should be used in comparisons with previous years using ICD-9 codes.
18. **Section Number:** Health Status Indicator #03B
Field Name: HSI03B
Row Name:
Column Name:
Year: 2004
Field Note:
2004 death data are not available. We have estimated a similar rate to that for 2003. See 2003 for the most recent data and see the Note for 2003 for data sources and

other comments.

19. Section Number: Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2002

Field Note:

Data on deaths are taken from MDPH Vital Records for calendar years 1991 -2001 (the most recent year available). Denominators for years through 1999 are from the most recent MISER population estimates; the denominator for 2000 is the Census Count. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere. The 2001 denominator is the same as the 2000 denominator, as no 2001 population estimates are yet available from either MISER or MDPH. MISER (the Massachusetts Institute for Social and Economic Research; <http://www.umass.edu/miser/>) produces the standard population estimates used by the Department of Public Health.

Deaths in years 1999 and later are derived from ICD-10 codes (10th Revision of the International Classification of Diseases). Caution should be used in comparisons with previous years using ICD-9 codes.

20. Section Number: Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2003

Field Note:

Data on deaths are taken from MDPH Vital Records for calendar years 1991 -2003 (the most recent year available). Denominators for years through 1999 are from the most recent MISER population estimates; the denominator for 2000 is the Census Count. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere. The denominators from 2001 forward are the same as the 2000 denominator, as no subsequent population estimates are available from either MISER or MDPH. MISER (the Massachusetts Institute for Social and Economic Research; <http://www.umass.edu/miser/>) no longer produces the standard population estimates on a regular basis.

Deaths in years 1999 and later are derived from ICD-10 codes (10th Revision of the International Classification of Diseases). Caution should be used in comparisons with previous years using ICD-9 codes.

21. Section Number: Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2004

Field Note:

2004 death data are not available. We have estimated a similar rate to that for 2003. See 2003 for the most recent data and see the Note for 2003 for data sources and other comments.

22. Section Number: Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2002

Field Note:

Hospitalization data are from Massachusetts Uniform Hospital Discharge Data System (UHDDS), 1994-2001 (the most recent year available). Denominators for years through 1999 are from the most recent MISER population estimates; the denominator for 2000 is the Census Count. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere. The 2001 denominator is the same as the 2000 denominator, as no 2001 population estimates are yet available from either MISER or MDPH. MISER (the Massachusetts Institute for Social and Economic Research; <http://www.umass.edu/miser/>) produces the standard population estimates used by the Department of Public Health.

Beginning in 2000, the Massachusetts UHDDS added data on Observation Discharges and these are included in the totals from 2000 forward (1,313 of the 3,628 events in 2000 and 1,152 of the 3,523 events in 2001).

All hospital discharge data are still coded using ICD - 9 codes. Those included in this indicator are E800-E869 and E880-E929; all cases with E-codes assigned to any of the multiple ICD-9 diagnosis fields are included. Conversion to ICD - 10 coding and its impact on comparability of counts and rates over time will have to be dealt with in future years.

23. Section Number: Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2003

Field Note:

Hospitalization data are from Massachusetts Uniform Hospital Discharge Data System (UHDDS), Division of Health Care Finance and Policy, 1994-2003 (the most recent year available). Data are for Fiscal Years, not Calendar Years. Denominators for years through 1999 are from the most recent MISER population estimates; the denominator for 2000 is the Census Count. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere. The denominators from 2001 forward are the same as the 2000 denominator, as no subsequent population estimates are available from either MISER or MDPH. MISER (the Massachusetts Institute for Social and Economic Research) no longer produces the standard population estimates on a regular basis.

Observation Discharges have been removed from the previously reported totals for 2000 forward as they are consistently available at the same time as discharge data. Reported rates have changed accordingly but are now comparable across the time frame. In FY03, there were 1,266 not-duplicated observation stays for nonfatal injuries among children age 14 and younger and a reported 144,799 emergency room visits. (Sources: Mass. Outpatient Observation Stay and Mass. Emergency Department Databases, Division of Health Care Finance and Policy.)

All hospital discharge data are still coded using ICD - 9 codes. Those included in this indicator are E800-E869 and E880-E929; all cases with E-codes assigned to any of the multiple ICD-9 diagnosis fields are included. Conversion to ICD - 10 coding and its impact on comparability of counts and rates over time will have to be dealt with in future years.

24. Section Number: Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2004

Field Note:

2004 UHDDS data have not yet been released. We have estimated a similar rate to that for 2003. See 2003 for the most recent data and see the Note for 2003 for data sources and other comments.

25. Section Number: Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2002

Field Note:

Hospitalization data are from Massachusetts Uniform Hospital Discharge Data System (UHDDS), 1994-2001 (the most recent year available). Denominators for years through 1999 are from the most recent MISER population estimates; the denominator for 2000 is the Census Count. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere. The 2001 denominator is the same as the 2000 denominator, as no 2001 population estimates are yet available from either MISER or MDPH. MISER (the Massachusetts Institute for Social and Economic Research; <http://www.umass.edu/miser/>) produces the standard population estimates used by the Department of Public Health.

Beginning in 2000, the Massachusetts UHDDS added data on Observation Discharges and these are included in the totals from 2000 forward (75 of the 343 events in 2000 and 57 of the 303 events in 2001).

All hospital discharge data are still coded using ICD - 9 codes. Those included in this indicator are E800-E869 and E880-E929; all cases with E-codes assigned to any of the multiple ICD-9 diagnosis fields are included. Conversion to ICD - 10 coding and its impact on comparability of counts and rates over time will have to be dealt with in future years.

26. Section Number: Health Status Indicator #04B**Field Name:** HSI04B**Row Name:****Column Name:****Year:** 2003**Field Note:**

Hospitalization data are from Massachusetts Uniform Hospital Discharge Data System (UHDDS), Division of Health Care Finance and Policy, 1994-2003 (the most recent year available). Data are for Fiscal Years, not Calendar Years. Denominators for years through 1999 are from the most recent MISER population estimates; the denominator for 2000 is the Census Count. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere. The denominators from 2001 forward are the same as the 2000 denominator, as no subsequent population estimates are available from either MISER or MDPH. MISER (the Massachusetts Institute for Social and Economic Research no longer produces the standard population estimates on a regular basis.

Observation Discharges have been removed from the previously reported totals for 2000 forward as they are consistently available at the same time as discharge data. Reported rates have changed accordingly but are now comparable across the time frame. In FY03, there were 38 not-duplicated observation stays for nonfatal injuries due to motor vehicle crashes among children age 14 and younger and a reported 5,596 emergency room visits. (Sources: Mass. Outpatient Observation Stay and Mass. Emergency Department Databases, Division of Health Care Finance and Policy.)

All hospital discharge data are still coded using ICD - 9 codes. Those included in this indicator are E800-E869 and E880-E929; all cases with E-codes assigned to any of the multiple ICD-9 diagnosis fields are included. Conversion to ICD - 10 coding and its impact on comparability of counts and rates over time will have to be dealt with in future years.

27. Section Number: Health Status Indicator #04B**Field Name:** HSI04B**Row Name:****Column Name:****Year:** 2004**Field Note:**

2004 UHDDS data have not yet been released. We have estimated a similar rate to that for 2003. See 2003 for the most recent data and see the Note for 2003 for data sources and other comments.

28. Section Number: Health Status Indicator #04C**Field Name:** HSI04C**Row Name:****Column Name:****Year:** 2002**Field Note:**

Hospitalization data are from Massachusetts Uniform Hospital Discharge Data System (UHDDS), 1994-2001 (the most recent year available). Denominators for years through 1999 are from the most recent MISER population estimates; the denominator for 2000 is the Census Count. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere. The 2001 denominator is the same as the 2000 denominator, as no 2001 population estimates are yet available from either MISER or MDPH. MISER (the Massachusetts Institute for Social and Economic Research; <http://www.umass.edu/miser/>) produces the standard population estimates used by the Department of Public Health.

Beginning in 2000, the Massachusetts UHDDS added data on Observation Discharges and these are included in the totals from 2000 forward (275 of the 1,233 events in 2000 and 218 of the 1,308 events in 2001).

All hospital discharge data are still coded using ICD - 9 codes. Those included in this indicator are E800-E869 and E880-E929; all cases with E-codes assigned to any of the multiple ICD-9 diagnosis fields are included. Conversion to ICD - 10 coding and its impact on comparability of counts and rates over time will have to be dealt with in future years.

29. Section Number: Health Status Indicator #04C**Field Name:** HSI04C**Row Name:****Column Name:****Year:** 2003**Field Note:**

Hospitalization data are from Massachusetts Uniform Hospital Discharge Data System (UHDDS), Division of Health Care Finance and Policy, 1994-2003 (the most recent year available). Data are for Fiscal Years, not Calendar Years. Denominators for years through 1999 are from the most recent MISER population estimates; the denominator for 2000 is the Census Count. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere. The denominators from 2001 forward are the same as the 2000 denominator, as no subsequent population estimates are available from either MISER or MDPH. MISER (the Massachusetts Institute for Social and Economic Research) no longer produces the standard population estimates on a regular basis.

Observation Discharges have been removed from the previously reported totals for 2000 forward as they are consistently available at the same time as discharge data. Reported rates have changed accordingly but are now comparable across the time frame. In FY03, there were 276 not-duplicated observation stays for nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 and a reported 30,522 emergency room visits. (Sources: Mass. Outpatient Observation Stay and Mass. Emergency Department Databases, Division of Health Care Finance and Policy.)

All hospital discharge data are still coded using ICD - 9 codes. Those included in this indicator are E800-E869 and E880-E929; all cases with E-codes assigned to any of the multiple ICD-9 diagnosis fields are included. Conversion to ICD - 10 coding and its impact on comparability of counts and rates over time will have to be dealt with in future years.

30. Section Number: Health Status Indicator #04C**Field Name:** HSI04C**Row Name:****Column Name:****Year:** 2004**Field Note:**

2004 UHDDS data have not yet been released. We have estimated a similar rate to that for 2003. See 2003 for the most recent data and see the Note for 2003 for data sources and other comments.

31. Section Number: Health Status Indicator #05A**Field Name:** HSI05A

Row Name:
Column Name:
Year: 2002

Field Note:

Data sources:

Cases of chlamydia: Massachusetts Department of Public Health. Sexually Transmitted Diseases Program, 1996 through 2002 (calendar year data).

Denominators: Denominators for years through 1999 are from the most recent MISER population estimates; the denominator for 2000 is the Census Count. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere. The 2001 and 2002 denominators are the same as the 2000 denominator, as no 2001 or 2002 population estimates are yet available from either MISER or MDPH. MISER (the Massachusetts Institute for Social and Economic Research; <http://www.umass.edu/miser/>) produces the standard population estimates used by the Department of Public Health.

32. Section Number: Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2003

Field Note:

Data sources:

Cases of chlamydia: Massachusetts Department of Public Health. Sexually Transmitted Diseases Program, 1996 through 2003 (calendar year data).

Denominators: Denominators for years through 1999 are from the most recent MISER population estimates; the denominator for 2000 is the Census Count. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere. The 2001 - 2003 denominators are the same as the 2000 denominator, as no further population estimates are yet available from either MISER or MDPH. MISER (the Massachusetts Institute for Social and Economic Research; <http://www.umass.edu/miser/>) produces the standard population estimates used by the Department of Public Health.

33. Section Number: Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2004

Field Note:

Cases of chlamydia: Massachusetts Department of Public Health. Sexually Transmitted Diseases Program, 1996 through 2004 (calendar year data).

Denominators: Denominators for years through 1999 are from the most recent MISER population estimates; the denominator for 2000 is the Census Count. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere. The denominators from 2001 forward are the same as the 2000 denominator, as no subsequent population estimates are available from either MISER or MDPH. MISER (the Massachusetts Institute for Social and Economic Research) no longer produces the standard population estimates on a regular basis.

34. Section Number: Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2002

Field Note:

Data sources:

Cases of chlamydia: Massachusetts Department of Public Health. Sexually Transmitted Diseases Program, 1996 through 2002 (calendar year data).

Denominators: Denominators for years through 1999 are from the most recent MISER population estimates; the denominator for 2000 is the Census Count. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere. The 2001 and 2002 denominators are the same as the 2000 denominator, as no 2001 or 2002 population estimates are yet available from either MISER or MDPH. MISER (the Massachusetts Institute for Social and Economic Research; <http://www.umass.edu/miser/>) produces the standard population estimates used by the Department of Public Health.

35. Section Number: Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2003

Field Note:

Data sources:

Cases of chlamydia: Massachusetts Department of Public Health. Sexually Transmitted Diseases Program, 1996 through 2003 (calendar year data).

Denominators: Denominators for years through 1999 are from the most recent MISER population estimates; the denominator for 2000 is the Census Count. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere. The 2001 - 2003 denominators are the same as the 2000 denominator, as no further population estimates are yet available from either MISER or MDPH. MISER (the Massachusetts Institute for Social and Economic Research; <http://www.umass.edu/miser/>) produces the standard population estimates used by the Department of Public Health.

36. Section Number: Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2004

Field Note:

Cases of chlamydia: Massachusetts Department of Public Health. Sexually Transmitted Diseases Program, 1996 through 2004 (calendar year data).

Denominators: Denominators for years through 1999 are from the most recent MISER population estimates; the denominator for 2000 is the Census Count. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere. The denominators from 2001 forward are the same as the 2000 denominator, as no subsequent population estimates are available from either MISER or MDPH. MISER (the Massachusetts Institute for Social and Economic Research) no longer produces the standard population estimates on a regular basis.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MA

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	77,998	60,261	5,404	235	3,377	38	3,751	4,932
Children 1 through 4	319,270	249,658	21,963	860	14,037	134	13,963	18,655
Children 5 through 9	430,861	338,854	32,280	1,396	16,699	193	16,318	25,121
Children 10 through 14	431,247	344,823	31,334	1,365	15,707	209	14,094	23,715
Children 15 through 19	415,737	328,021	28,316	1,258	19,527	234	13,199	25,182
Children 20 through 24	404,279	311,876	27,204	1,182	24,749	292	13,091	25,885
Children 0 through 24	2,079,392	1,633,493	146,501	6,296	94,096	1,100	74,416	123,490

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	68,579	9,419	0
Children 1 through 4	283,677	35,593	0
Children 5 through 9	383,682	47,179	0
Children 10 through 14	388,622	42,625	0
Children 15 through 19	375,153	40,584	0
Children 20 through 24	361,452	42,827	0
Children 0 through 24	1,861,165	218,227	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MA

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	56	19	11	0	2			24
Women 15 through 17	1,473	649	192	5	67			560
Women 18 through 19	3,166	1,738	364	8	114			942
Women 20 through 34	57,159	41,470	4,360	136	3,997			7,196
Women 35 or older	18,308	15,140	1,073	25	1,062			1,008
Women of all ages	80,162	59,016	6,000	174	5,242	0	0	9,730

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	25	31	0
Women 15 through 17	870	588	15
Women 18 through 19	2,170	962	34
Women 20 through 34	48,971	7,240	948
Women 35 or older	17,041	943	324
Women of all ages	69,077	9,764	1,321

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MA

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	383	261	80	1	14			27
Children 1 through 4	54	33	6	1	7			7
Children 5 through 9	47	33	6	0	1			7
Children 10 through 14	48	29	11	0	4			4
Children 15 through 19	209	164	18	1	7			19
Children 20 through 24	281	207	40	1	9			24
Children 0 through 24	1,022	727	161	4	42	0	0	88

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	328	55	0
Children 1 through 4	45	9	0
Children 5 through 9	39	8	0
Children 10 through 14	43	5	0
Children 15 through 19	178	31	0
Children 20 through 24	244	37	0
Children 0 through 24	877	145	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MA

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	1,675,113	1,321,617.0	119,297.0	5,114.0	69,347.0	808.0	61,325.0	97,605.0	2004
Percent in household headed by single parent	19.0	14.8	43.2	37.5	11.8	31.3	31.6	43.0	2004
Percent in TANF (Grant) families	4.0	2.0	12.9	4.7	3.9			1.2	2004
Number enrolled in Medicaid	407,521							407,521.0	2004
Number enrolled in SCHIP	16,257							16,257.0	2004
Number living in foster home care	7,334	3,532.0	1,220.0		142.0			2,440.0	2004
Number enrolled in food stamp program	165,012	64,565.0	31,470.0	425.0	6,347.0			62,205.0	2004
Number enrolled in WIC	89,963	37,843.0	17,365.0	123.0	5,991.0			28,641.0	2004
Rate (per 100,000) of juvenile crime arrests	120.0								2004
Percentage of high school drop-outs (grade 9 through 12)	3.3	2.6	5.7	4.8	2.5			7.4	2004

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	1,499,713.0	175,400.0	0	2004
Percent in household headed by single parent	16.4	41.6	0	2004
Percent in TANF (Grant) families	2.8	14.1	0	2004
Number enrolled in Medicaid			407,521.0	2004
Number enrolled in SCHIP			16,257.0	2004
Number living in foster home care	5,105.0	1,998.0	201.0	2004
Number enrolled in food stamp program	104,083.0	60,547.0	382.0	2004
Number enrolled in WIC	61,322.0	28,641.0	0	2004
Rate (per 100,000) of juvenile crime arrests			120.0	2004
Percentage of high school drop-outs (grade 9 through 12)	2.9	7.4	0	2004

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MA

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	1,675,113
Living in urban areas	1,531,153
Living in rural areas	143,960
Living in frontier areas	0
Total - all children 0 through 19	1,675,113

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MA

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	6,416,505.0
Percent Below: 50% of poverty	4.4
100% of poverty	9.3
200% of poverty	21.7

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MA

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	1,675,113.0
Percent Below: 50% of poverty	5.1
100% of poverty	12.0
200% of poverty	26.4

FORM NOTES FOR FORM 21

None

FIELD LEVEL NOTES

- 1. Section Number:** Indicator 06A
Field Name: S06_Race_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2006
Field Note:
Data source for 06A, all ages: U.S. Bureau of the Census, 2000 Census Summary File 1 (SF 1). As available in MassCHIP, using "Hispanics included in other Race grouping" file; single year counts used for infants and 1-4 groupings. No more recent population estimates are available across all age groups.
- 2. Section Number:** Indicator 06A
Field Name: S06_Race_Children1to4
Row Name: children 1 through 4
Column Name:
Year: 2006
Field Note:
Data source for 06A, all ages: U.S. Bureau of the Census, 2000 Census Summary File 1 (SF 1). As available in MassCHIP, using "Hispanics included in other Race grouping" file; single year counts used for infants and 1-4 groupings. No more recent population estimates are available across all age groups.
- 3. Section Number:** Indicator 06A
Field Name: S06_Race_Children5to9
Row Name: children 5 through 9
Column Name:
Year: 2006
Field Note:
Data source for 06A, all ages: U.S. Bureau of the Census, 2000 Census Summary File 1 (SF 1). As available in MassCHIP, using "Hispanics included in other Race grouping" file; single year counts used for infants and 1-4 groupings. No more recent population estimates are available across all age groups.
- 4. Section Number:** Indicator 06A
Field Name: S06_Race_Children10to14
Row Name: children 10 through 14
Column Name:
Year: 2006
Field Note:
Data source for 06A, all ages: U.S. Bureau of the Census, 2000 Census Summary File 1 (SF 1). As available in MassCHIP, using "Hispanics included in other Race grouping" file; single year counts used for infants and 1-4 groupings. No more recent population estimates are available across all age groups.
- 5. Section Number:** Indicator 06A
Field Name: S06_Race_Children15to19
Row Name: children 15 through 19
Column Name:
Year: 2006
Field Note:
Data source for 06A, all ages: U.S. Bureau of the Census, 2000 Census Summary File 1 (SF 1). As available in MassCHIP, using "Hispanics included in other Race grouping" file; single year counts used for infants and 1-4 groupings. No more recent population estimates are available across all age groups.
- 6. Section Number:** Indicator 06A
Field Name: S06_Race_Children20to24
Row Name: children 20 through 24
Column Name:
Year: 2006
Field Note:
Data source for 06A, all ages: U.S. Bureau of the Census, 2000 Census Summary File 1 (SF 1). As available in MassCHIP, using "Hispanics included in other Race grouping" file; single year counts used for infants and 1-4 groupings. No more recent population estimates are available across all age groups.
- 7. Section Number:** Indicator 06B
Field Name: S06_Ethnicity_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2006
Field Note:
Data source, 06B, all age groups: U.S. Bureau of the Census, 2000 Census Summary File 1 (SF 1). As available in MassCHIP, using "Hispanic as separate category" file; single year counts used for infants and 1-4 groupings. No more recent population estimates are available across all age groups.
- 8. Section Number:** Indicator 06B
Field Name: S06_Ethnicity_Children1to4
Row Name: children 1 through 4
Column Name:
Year: 2006
Field Note:
Data source, 06B, all age groups: U.S. Bureau of the Census, 2000 Census Summary File 1 (SF 1). As available in MassCHIP, using "Hispanic as separate category" file; single year counts used for infants and 1-4 groupings. No more recent population estimates are available across all age groups.
- 9. Section Number:** Indicator 06B
Field Name: S06_Ethnicity_Children5to9
Row Name: children 5 through 9
Column Name:
Year: 2006
Field Note:
Data source, 06B, all age groups: U.S. Bureau of the Census, 2000 Census Summary File 1 (SF 1). As available in MassCHIP, using "Hispanic as separate category" file; single year counts used for infants and 1-4 groupings. No more recent population estimates are available across all age groups.
- 10. Section Number:** Indicator 06B
Field Name: S06_Ethnicity_Children10to14
Row Name: children 10 through 14
Column Name:
Year: 2006
Field Note:
Data source, 06B, all age groups: U.S. Bureau of the Census, 2000 Census Summary File 1 (SF 1). As available in MassCHIP, using "Hispanic as separate category" file; single year counts used for infants and 1-4 groupings. No more recent population estimates are available across all age groups.

11. **Section Number:** Indicator 06B
Field Name: S06_Ethnicity_Children15to19
Row Name: children 15 through 19
Column Name:
Year: 2006
Field Note:
Data source, 06B, all age groups: U.S. Bureau of the Census, 2000 Census Summary File 1 (SF 1). As available in MassCHIP, using "Hispanic as separate category" file; single year counts used for infants and 1-4 groupings. No more recent population estimates are available across all age groups.
12. **Section Number:** Indicator 06B
Field Name: S06_Ethnicity_Children20to24
Row Name: children 20 through 24
Column Name:
Year: 2006
Field Note:
Data source, 06B, all age groups: U.S. Bureau of the Census, 2000 Census Summary File 1 (SF 1). As available in MassCHIP, using "Hispanic as separate category" file; single year counts used for infants and 1-4 groupings. No more recent population estimates are available across all age groups.
13. **Section Number:** Indicator 07A
Field Name: Race_Women15
Row Name: Women < 15
Column Name:
Year: 2006
Field Note:
Data Source: MDPH Vital Records, Births for calendar year 2003 (the most recent year available). The data are marked as "Provisional," because although 2004 data were required by TVIS, none are yet available for Massachusetts. The data are final for 2003.
- The race category labeled "Asian" also includes persons of Other Pacific Islander races. Birth certificate reporting of race does not include the category of "more than one race reported."
- The total births for "Women of all ages" shown is 5 less than the actual total number of births in 2003, as mother's age is unknown for 5 births, 4 to white mothers (of unknown ethnicity) and 1 to a mother of unknown race & ethnicity.
14. **Section Number:** Indicator 07A
Field Name: Race_Women15to17
Row Name: Women 15 through 17
Column Name:
Year: 2006
Field Note:
Data Source: MDPH Vital Records, Births for calendar year 2003 (the most recent year available). The data are marked as "Provisional," because although 2004 data were required by TVIS, none are yet available for Massachusetts. The data are final for 2003.
- The race category labeled "Asian" also includes persons of Other Pacific Islander races. Birth certificate reporting of race does not include the category of "more than one race reported."
- The total births for "Women of all ages" shown is 5 less than the actual total number of births in 2003, as mother's age is unknown for 5 births, 4 to white mothers (of unknown ethnicity) and 1 to a mother of unknown race & ethnicity.
15. **Section Number:** Indicator 07A
Field Name: Race_Women18to19
Row Name: Women 18 through 19
Column Name:
Year: 2006
Field Note:
Data Source: MDPH Vital Records, Births for calendar year 2003 (the most recent year available). The data are marked as "Provisional," because although 2004 data were required by TVIS, none are yet available for Massachusetts. The data are final for 2003.
- The race category labeled "Asian" also includes persons of Other Pacific Islander races. Birth certificate reporting of race does not include the category of "more than one race reported."
- The total births for "Women of all ages" shown is 5 less than the actual total number of births in 2003, as mother's age is unknown for 5 births, 4 to white mothers (of unknown ethnicity) and 1 to a mother of unknown race & ethnicity.
16. **Section Number:** Indicator 07A
Field Name: Race_Women20to34
Row Name: Women 20 through 34
Column Name:
Year: 2006
Field Note:
Data Source: MDPH Vital Records, Births for calendar year 2003 (the most recent year available). The data are marked as "Provisional," because although 2004 data were required by TVIS, none are yet available for Massachusetts. The data are final for 2003.
- The race category labeled "Asian" also includes persons of Other Pacific Islander races. Birth certificate reporting of race does not include the category of "more than one race reported."
- The total births for "Women of all ages" shown is 5 less than the actual total number of births in 2003, as mother's age is unknown for 5 births, 4 to white mothers (of unknown ethnicity) and 1 to a mother of unknown race & ethnicity.
17. **Section Number:** Indicator 07A
Field Name: Race_Women35
Row Name: Women 35 or older
Column Name:
Year: 2006
Field Note:
Data Source: MDPH Vital Records, Births for calendar year 2003 (the most recent year available). The data are marked as "Provisional," because although 2004 data were required by TVIS, none are yet available for Massachusetts. The data are final for 2003.
- The race category labeled "Asian" also includes persons of Other Pacific Islander races. Birth certificate reporting of race does not include the category of "more than one race reported."
- The total births for "Women of all ages" shown is 5 less than the actual total number of births in 2003, as mother's age is unknown for 5 births, 4 to white mothers (of unknown ethnicity) and 1 to a mother of unknown race & ethnicity.
18. **Section Number:** Indicator 07B

Field Name: Ethnicity_Women15

Row Name: Women < 15

Column Name:

Year: 2006

Field Note:

Data Source: MDPH Vital Records, Births for calendar year 2003 (the most recent year available). The data are marked as "Provisional," because although 2004 data were required by TVIS, none are yet available for Massachusetts. The data are final for 2003.

The total births for "Women of all ages" shown is 5 less than the actual total number of births in 2003, as mother's age is unknown for 5 births, 4 to white mothers (of unknown ethnicity) and 1 to a mother of unknown race & ethnicity.

19. Section Number: Indicator 07B

Field Name: Ethnicity_Women15to17

Row Name: Women 15 through 17

Column Name:

Year: 2006

Field Note:

Data Source: MDPH Vital Records, Births for calendar year 2003 (the most recent year available). The data are marked as "Provisional," because although 2004 data were required by TVIS, none are yet available for Massachusetts. The data are final for 2003.

The total births for "Women of all ages" shown is 5 less than the actual total number of births in 2003, as mother's age is unknown for 5 births, 4 to white mothers (of unknown ethnicity) and 1 to a mother of unknown race & ethnicity.

20. Section Number: Indicator 07B

Field Name: Ethnicity_Women18to19

Row Name: Women 18 through 19

Column Name:

Year: 2006

Field Note:

Data Source: MDPH Vital Records, Births for calendar year 2003 (the most recent year available). The data are marked as "Provisional," because although 2004 data were required by TVIS, none are yet available for Massachusetts. The data are final for 2003.

The total births for "Women of all ages" shown is 5 less than the actual total number of births in 2003, as mother's age is unknown for 5 births, 4 to white mothers (of unknown ethnicity) and 1 to a mother of unknown race & ethnicity.

21. Section Number: Indicator 07B

Field Name: Ethnicity_Women20to34

Row Name: Women 20 through 34

Column Name:

Year: 2006

Field Note:

Data Source: MDPH Vital Records, Births for calendar year 2003 (the most recent year available). The data are marked as "Provisional," because although 2004 data were required by TVIS, none are yet available for Massachusetts. The data are final for 2003.

The total births for "Women of all ages" shown is 5 less than the actual total number of births in 2003, as mother's age is unknown for 5 births, 4 to white mothers (of unknown ethnicity) and 1 to a mother of unknown race & ethnicity.

22. Section Number: Indicator 07B

Field Name: Ethnicity_Women35

Row Name: Women 35 or older

Column Name:

Year: 2006

Field Note:

Data Source: MDPH Vital Records, Births for calendar year 2003 (the most recent year available). The data are marked as "Provisional," because although 2004 data were required by TVIS, none are yet available for Massachusetts. The data are final for 2003.

The total births for "Women of all ages" shown is 5 less than the actual total number of births in 2003, as mother's age is unknown for 5 births, 4 to white mothers (of unknown ethnicity) and 1 to a mother of unknown race & ethnicity.

23. Section Number: Indicator 08A

Field Name: S08_Race_Infants

Row Name: Infants 0 to 1

Column Name:

Year: 2006

Field Note:

Data Source: MDPH Vital Records, Births for calendar year 2003 (the most recent year available). The data are marked as "Provisional," because although 2004 data were required by TVIS, none are yet available for Massachusetts. The data are final for 2003.

The race category labeled "Asian" also includes persons of Native Hawaiian or Other Pacific Islander races. Death certificate reporting of race does not include the category of "more than one race reported."

The category "Other and Unknown" includes only persons who selected "Hispanic" as a race.

24. Section Number: Indicator 08A

Field Name: S08_Race_Children1to4

Row Name: children 1 through 4

Column Name:

Year: 2006

Field Note:

Data Source: MDPH Vital Records, Births for calendar year 2003 (the most recent year available). The data are marked as "Provisional," because although 2004 data were required by TVIS, none are yet available for Massachusetts. The data are final for 2003.

The race category labeled "Asian" also includes persons of Native Hawaiian or Other Pacific Islander races. Death certificate reporting of race does not include the category of "more than one race reported."

The category "Other and Unknown" includes only persons who selected "Hispanic" as a race.

25. Section Number: Indicator 08A

Field Name: S08_Race_Children5to9

Row Name: children 5 through 9

Column Name:

Year: 2006

Field Note:

Data Source: MDPH Vital Records, Births for calendar year 2003 (the most recent year available). The data are marked as "Provisional," because although 2004 data were

required by TVIS, none are yet available for Massachusetts. The data are final for 2003.

The race category labeled "Asian" also includes persons of Native Hawaiian or Other Pacific Islander races. Death certificate reporting of race does not include the category of "more than one race reported."

The category "Other and Unknown" includes only persons who selected "Hispanic" as a race.

26. **Section Number:** Indicator 08A
Field Name: S08_Race_Children10to14
Row Name: children 10 through 14
Column Name:
Year: 2006

Field Note:
Data Source: MDPH Vital Records, Births for calendar year 2003 (the most recent year available). The data are marked as "Provisional," because although 2004 data were required by TVIS, none are yet available for Massachusetts. The data are final for 2003.

The race category labeled "Asian" also includes persons of Native Hawaiian or Other Pacific Islander races. Death certificate reporting of race does not include the category of "more than one race reported."

The category "Other and Unknown" includes only persons who selected "Hispanic" as a race.

27. **Section Number:** Indicator 08A
Field Name: S08_Race_Children15to19
Row Name: children 15 through 19
Column Name:
Year: 2006

Field Note:
Data Source: MDPH Vital Records, Births for calendar year 2003 (the most recent year available). The data are marked as "Provisional," because although 2004 data were required by TVIS, none are yet available for Massachusetts. The data are final for 2003.

The race category labeled "Asian" also includes persons of Native Hawaiian or Other Pacific Islander races. Death certificate reporting of race does not include the category of "more than one race reported."

The category "Other and Unknown" includes only persons who selected "Hispanic" as a race.

28. **Section Number:** Indicator 08A
Field Name: S08_Race_Children20to24
Row Name: children 20 through 24
Column Name:
Year: 2006

Field Note:
Data Source: MDPH Vital Records, Births for calendar year 2003 (the most recent year available). The data are marked as "Provisional," because although 2004 data were required by TVIS, none are yet available for Massachusetts. The data are final for 2003.

The race category labeled "Asian" also includes persons of Native Hawaiian or Other Pacific Islander races. Death certificate reporting of race does not include the category of "more than one race reported."

The category "Other and Unknown" includes only persons who selected "Hispanic" as a race.

29. **Section Number:** Indicator 08B
Field Name: S08_Ethnicity_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2006

Field Note:
Data Source: MDPH Vital Records, Deaths for calendar year 2003 (the most recent year available). The data are marked as "Provisional," because although 2004 data were required by TVIS, none are yet available for Massachusetts. The data are final for 2003.

30. **Section Number:** Indicator 08B
Field Name: S08_Ethnicity_Children1to4
Row Name: children 1 through 4
Column Name:
Year: 2006

Field Note:
Data Source: MDPH Vital Records, Deaths for calendar year 2003 (the most recent year available). The data are marked as "Provisional," because although 2004 data were required by TVIS, none are yet available for Massachusetts. The data are final for 2003.

31. **Section Number:** Indicator 08B
Field Name: S08_Ethnicity_Children5to9
Row Name: children 5 through 9
Column Name:
Year: 2006

Field Note:
Data Source: MDPH Vital Records, Deaths for calendar year 2003 (the most recent year available). The data are marked as "Provisional," because although 2004 data were required by TVIS, none are yet available for Massachusetts. The data are final for 2003.

32. **Section Number:** Indicator 08B
Field Name: S08_Ethnicity_Children10to14
Row Name: children 10 through 14
Column Name:
Year: 2006

Field Note:
Data Source: MDPH Vital Records, Deaths for calendar year 2003 (the most recent year available). The data are marked as "Provisional," because although 2004 data were required by TVIS, none are yet available for Massachusetts. The data are final for 2003.

33. **Section Number:** Indicator 08B
Field Name: S08_Ethnicity_Children15to19
Row Name: children 15 through 19
Column Name:
Year: 2006

Field Note:
Data Source: MDPH Vital Records, Deaths for calendar year 2003 (the most recent year available). The data are marked as "Provisional," because although 2004 data were required by TVIS, none are yet available for Massachusetts. The data are final for 2003.

34. **Section Number:** Indicator 08B

Field Name: S08_Ethnicity_Children20to24

Row Name: children 20 through 24

Column Name:

Year: 2006

Field Note:

Data Source: MDPH Vital Records, Deaths for calendar year 2003 (the most recent year available). The data are marked as "Provisional," because although 2004 data were required by TVIS, none are yet available for Massachusetts. The data are final for 2003.

35. Section Number: Indicator 09A

Field Name: HSIRace_Children

Row Name: All children 0 through 19

Column Name:

Year: 2006

Field Note:

Data source: U.S. Bureau of the Census, 2000 Census Summary File 1 (SF 1). As available in MassCHIP, using "Hispanics included in other Race grouping" file. Data are reported for children under 18. No more recent population estimates are available across all age groups.

36. Section Number: Indicator 09A

Field Name: HSIRace_SingleParentPercent

Row Name: Percent in household headed by single parent

Column Name:

Year: 2006

Field Note:

Data source: U.S. Bureau of the Census, 2000 Census Summary File 1 (SF 1). As available in MassCHIP, using "Hispanics included in other Race grouping" file. Data are reported for children under 18. These remain the most current comprehensive data on children's living arrangements across all age groups.

37. Section Number: Indicator 09A

Field Name: HSIRace_TANFPercent

Row Name: Percent in TANF (Grant) families

Column Name:

Year: 2006

Field Note:

Data Source: Budget Office, Massachusetts Department of Transitional Assistance (which operates what is called the Massachusetts Transitional Aid to Families with Dependent Children (TAFDC) program). These are 'point in time' counts as of July 5, 2005, not the total number who got benefits in any given month or year.

Data are reported by combined race/Hispanic ethnicity categories only. Therefore, the columns labeled "White," "Black," etc. are in fact reported as "White, non-Hispanic," "Black, non-Hispanic," etc. In Section 09A, Hispanics are included in the "Other and Unknown" column; they are reported separately in Section 09B. Because percentages of children by race/ethnicity (rather than counts) are requested, we have used combined race/Hispanic ethnicity counts from the 2000 Census, as available in MassCHIP, instead of the separate race and Hispanic ethnicity counts shown in the first row of HSI #09A.

38. Section Number: Indicator 09A

Field Name: HSIRace_MedicaidNo

Row Name: Number enrolled in Medicaid

Column Name:

Year: 2006

Field Note:

Data Source: Massachusetts Office of Medicaid. Medicaid waiver caseload as of June 30, 2004. 7th Annual Report to CMS on the 1115 Waiver, March 22, 2005. Data are not available by race/ethnicity.

39. Section Number: Indicator 09A

Field Name: HSIRace_SCHIPNo

Row Name: Number enrolled in SCHIP

Column Name:

Year: 2006

Field Note:

Data Source: Federal Centers for Medicare and Medicaid Services (CMS). Federal CMS SCHIP Statistical Enrollment Data System (SEDS). FY2004 Separate Child Program Enrollment as of June 30, 2004 (end of 3rd quarter). Children enrolled through the state's Medicaid expansion options are counted in the previous row. Data are not available by race/ethnicity.

40. Section Number: Indicator 09A

Field Name: HSIRace_FoodStampNo

Row Name: Number enrolled in food stamp program

Column Name:

Year: 2006

Field Note:

Data Source: Massachusetts Department of Transitional Assistance, Budget Office. These are 'point in time' counts as of July 5, 2005, not the total number who got benefits in any given month. The count is also unofficial. Doing a demographic breakout from the single DTA official file takes additional data processing work that was not felt necessary for this data element.

Data are reported by combined race/Hispanic ethnicity categories only. Therefore, the columns labeled "White," "Black," etc. are in fact reported as "White, non-Hispanic," "Black, non-Hispanic," etc. In Section 09A, Hispanics are included in the "Other and Unknown" column; they are reported separately in Section 09B.

41. Section Number: Indicator 09A

Field Name: HSIRace_WICNo

Row Name: Number enrolled in WIC

Column Name:

Year: 2006

Field Note:

Data Source: Massachusetts WIC Program, MDPH. Enrollment as of 12/31/04. Note that this is lower than the total number of children who are served by WIC over the course of a year.

Data are reported by combined race/Hispanic ethnicity categories only. Therefore, the columns labeled "White," "Black," etc. are in fact reported as "White, non-Hispanic," "Black, non-Hispanic," etc. In Section 09A, Hispanics are included in the "Other and Unknown" column; they are reported separately in Section 09B. This limitation on the data means that the number of persons with known race is underreported.

42. Section Number: Indicator 09A

Field Name: HSIRace_JuvenileCrimeRate

Row Name: Rate (per 100,000) of juvenile crime arrests

Column Name:

Year: 2006

Field Note:

Data Source: FBI Uniform Crime Reports. As reported in Massachusetts Juvenile Justice Data and Information. Commonwealth of Massachusetts, Executive Office of Public Safety, December, 2004. The data are for 2002, the most recent available. Arrest data are for juveniles under the age of 18. Data are not available by race/ethnicity.

43. Section Number: Indicator 09A

Field Name: HSIRace_DropOutPercent

Row Name: Percentage of high school drop-outs (grade 9 through 12)

Column Name:

Year: 2006

Field Note:

Data Source: Massachusetts Department of Education. Dropout Rates in Massachusetts Public Schools 2002-03. April, 2004.

Data are reported by combined race/Hispanic ethnicity categories only. Therefore, the columns labeled "White," "Black," etc. are in fact reported as "White, non-Hispanic," "Black, non-Hispanic," etc. In Section 09A, Hispanics are included in the "Other and Unknown" column; they are reported separately in Section 09B. This limitation on the data means that the percent of persons with known race is underreported.

44. Section Number: Indicator 09B

Field Name: HSIethnicity_Children

Row Name: All children 0 through 19

Column Name:

Year: 2006

Field Note:

Data source: U.S. Bureau of the Census, 2000 Census Summary File 1 (SF 1). As available in MassCHIP, using "Hispanic as separate category" file. Data are reported for children under 18. No more recent population estimates are available across all age groups.

45. Section Number: Indicator 09B

Field Name: HSIethnicity_SingleParentPercent

Row Name: Percent in household headed by single parent

Column Name:

Year: 2006

Field Note:

Data source: U.S. Bureau of the Census, 2000 Census Summary File 1 (SF 1). As available in MassCHIP, using "Hispanic as separate category" file. Data are reported for children under 18. These remain the most current comprehensive data on children's living arrangements across all age groups.

46. Section Number: Indicator 09B

Field Name: HSIethnicity_TANFPercent

Row Name: Percent in TANF (Grant) families

Column Name:

Year: 2006

Field Note:

Data Source: Budget Office, Massachusetts Department of Transitional Assistance (which operates what is called the Massachusetts Transitional Aid to Families with Dependent Children (TAFDC) program). These are 'point in time' counts as of July 5, 2005, not the total number who got benefits in any given month or year.

Data are reported by combined race/Hispanic ethnicity categories only. Therefore, the columns labeled "White," "Black," etc. are in fact reported as "White, non-Hispanic," "Black, non-Hispanic," etc. In Section 09A, Hispanics are included in the "Other and Unknown" column; they are reported separately in Section 09B. Because percentages of children by race/ethnicity (rather than counts) are requested, we have used combined race/Hispanic ethnicity counts from the 2000 Census, as available in MassCHIP, instead of the separate race and Hispanic ethnicity counts shown in the first row of HSI #09A.

47. Section Number: Indicator 09B

Field Name: HSIethnicity_MedicaidNo

Row Name: Number enrolled in Medicaid

Column Name:

Year: 2006

Field Note:

Data Source: Massachusetts Office of Medicaid. Medicaid waiver caseload as of June 30, 2004. 7th Annual Report to CMS on the 1115 Waiver, March 22, 2005. Data are not available by race/ethnicity.

48. Section Number: Indicator 09B

Field Name: HSIethnicity_SCHIPNo

Row Name: Number enrolled in SCHIP

Column Name:

Year: 2006

Field Note:

Data Source: Federal Centers for Medicare and Medicaid Services (CMS). Federal CMS SCHIP Statistical Enrollment Data System (SEDS). FY2004 Separate Child Program Enrollment as of June 30, 2004 (end of 3rd quarter). Children enrolled through the state's Medicaid expansion options are counted in the previous row. Data are not available by race/ethnicity.

49. Section Number: Indicator 09B

Field Name: HSIethnicity_FoodStampNo

Row Name: Number enrolled in food stamp program

Column Name:

Year: 2006

Field Note:

Data Source: Massachusetts Department of Transitional Assistance, Budget Office. These are 'point in time' counts as of July 5, 2005, not the total number who got benefits in any given month. The count is also unofficial. Doing a demographic breakout from the single DTA official file takes additional data processing work that was not felt necessary for this data element.

Data are reported by combined race/Hispanic ethnicity categories only. Therefore, the columns labeled "White," "Black," etc. are in fact reported as "White, non-Hispanic," "Black, non-Hispanic," etc. In Section 09A, Hispanics are included in the "Other and Unknown" column; they are reported separately in Section 09B.

50. Section Number: Indicator 09B

Field Name: HSIethnicity_WICNo

Row Name: Number enrolled in WIC

Column Name:

Year: 2006

Field Note:

Data Source: Massachusetts WIC Program, MDPH. Enrollment as of 12/31/04. Note that this is lower than the total number of children who are served by WIC over the course of a year.

Data are reported by combined race/Hispanic ethnicity categories only. Therefore, the columns labeled "White," "Black," etc. are in fact reported as "White, non-Hispanic," "Black, non-Hispanic," etc. In Section 09A, Hispanics are included in the "Other and Unknown" column; they are reported separately in Section 09B. This limitation on the data means that the number of persons with known race is underreported.

51. Section Number: Indicator 09B

Field Name: HSIethnicity_JuvenileCrimeRate

Row Name: Rate (per 100,000) of juvenile crime arrests

Column Name:

Year: 2006

Field Note:

Data Source: FBI Uniform Crime Reports. As reported in Massachusetts Juvenile Justice Data and Information. Commonwealth of Massachusetts, Executive Office of Public Safety, December, 2004. The data are for 2002, the most recent available. Arrest data are for juveniles under the age of 18. Data are not available by race/ethnicity.

52. Section Number: Indicator 09B

Field Name: HSIEthnicity_DropOutPercent

Row Name: Percentage of high school drop-outs (grade 9 through 12)

Column Name:

Year: 2006

Field Note:

Data Source: Massachusetts Department of Education. Dropout Rates in Massachusetts Public Schools 2002-03. April, 2004.

Data are reported by combined race/Hispanic ethnicity categories only. Therefore, the columns labeled "White," "Black," etc. are in fact reported as "White, non-Hispanic," "Black, non-Hispanic," etc. In Section 09A, Hispanics are included in the "Other and Unknown" column; they are reported separately in Section 09B. This limitation on the data means that the percent of persons with known race is underreported.

53. Section Number: Indicator 10

Field Name: Metropolitan

Row Name: Living in metropolitan areas

Column Name:

Year: 2006

Field Note:

Data Source: U.S. Bureau of the Census.

Metropolitan Areas – According to the most recent alignments of Standard Metropolitan Areas, all of Massachusetts is included in an SMA. Therefore we have entered the entire child population (see the first item in HSI #09A) for this item.

54. Section Number: Indicator 10

Field Name: Urban

Row Name: Living in urban areas

Column Name:

Year: 2006

Field Note:

Data Source: U.S. Census Bureau. Census 2000 Summary File (SF 4) for Massachusetts. Massachusetts has no "Frontier" areas. The "Urban" and "Rural" numbers of children are estimates that use the percentage distribution of the entire population as reported in the SF 4 file (Table PCT2) multiplied by the 2000 Census count of children in the state. We have no reason to believe that children are significantly more or less likely to live in rural areas than are adults. These are the most recent comprehensive data available on living location.

55. Section Number: Indicator 10

Field Name: Rural

Row Name: Living in rural areas

Column Name:

Year: 2006

Field Note:

Data Source: U.S. Census Bureau. Census 2000 Summary File (SF 4) for Massachusetts. Massachusetts has no "Frontier" areas. The "Urban" and "Rural" numbers of children are estimates that use the percentage distribution of the entire population as reported in the SF 4 file (Table PCT2) multiplied by the 2000 Census count of children in the state. We have no reason to believe that children are significantly more or less likely to live in rural areas than are adults. These are the most recent comprehensive data available on living location.

56. Section Number: Indicator 10

Field Name: Frontier

Row Name: Living in frontier areas

Column Name:

Year: 2006

Field Note:

Data Source: U.S. Census Bureau. Census 2000 Summary File (SF 4) for Massachusetts. Massachusetts has no "Frontier" areas. The "Urban" and "Rural" numbers of children are estimates that use the percentage distribution of the entire population as reported in the SF 4 file (Table PCT2) multiplied by the 2000 Census count of children in the state. We have no reason to believe that children are significantly more or less likely to live in rural areas than are adults. These are the most recent comprehensive data available on living location.

57. Section Number: Indicator 11

Field Name: S11_total

Row Name: Total Population

Column Name:

Year: 2006

Field Note:

Total Population, all ages: U.S. Bureau of the Census, Population Division. Table 1-RES. Estimates of the Resident Population by Selected Age Groups, July 1, 2004. (SC-EST2004-01-RES). Released 2/25/05. These updated population estimates are not available by poverty level.

58. Section Number: Indicator 11

Field Name: S11_50percent

Row Name: Percent Below: 50% of poverty

Column Name:

Year: 2006

Field Note:

Data Source: Census 2000 Sample Data (SF 3). As available in MassCHIP. These are the most recent comprehensive data available for all of the poverty ratios.

59. Section Number: Indicator 11

Field Name: S11_100percent

Row Name: 100% of poverty

Column Name:

Year: 2006

Field Note:

Data Source: Census 2000 Sample Data (SF 3). As available in MassCHIP. These are the most recent comprehensive data available for all of the poverty ratios.

60. Section Number: Indicator 11

Field Name: S11_200percent

Row Name: 200% of poverty

Column Name:

Year: 2006

Field Note:

Data Source: Census 2000 Sample Data (SF 3). As available in MassCHIP. These are the most recent comprehensive data available for all of the poverty ratios.

61. Section Number: Indicator 12

Field Name: S12_Children

Row Name: Children 0 through 19 years old

Column Name:

Year: 2006

Field Note:

Data source: U.S. Bureau of the Census, 2000 Census Summary File 1 (SF 1). As available in MassCHIP, using "Hispanics included in other Race grouping" file. Data are reported for children under 18.

An alternative update (U.S. Bureau of the Census, Population Division. Table 1-RES. Estimates of the Resident Population by Selected Age Groups, July 1, 2004. (SC-

EST2004-01-RES). Released 2/25/05) reports a total population under age 18 of 1,464,189. These updated population estimates are not available by poverty level, and we have continued to use the 2000 Census counts throughout these tables.

62. Section Number: Indicator 12

Field Name: S12_50percent

Row Name: Percent Below: 50% of poverty

Column Name:

Year: 2006

Field Note:

Data Source: Census 2000 Sample Data (SF 3). As available in MassCHIP. These are the most recent comprehensive data available for all of the poverty ratios.

63. Section Number: Indicator 12

Field Name: S12_100percent

Row Name: 100% of poverty

Column Name:

Year: 2006

Field Note:

Data Source: Census 2000 Sample Data (SF 3). As available in MassCHIP. These are the most recent comprehensive data available for all of the poverty ratios.

64. Section Number: Indicator 12

Field Name: S12_200percent

Row Name: 200% of poverty

Column Name:

Year: 2006

Field Note:

Data Source: Census 2000 Sample Data (SF 3). As available in MassCHIP. These are the most recent comprehensive data available for all of the poverty ratios.

65. Section Number: Indicator 09A

Field Name: HSIRace_FosterCare

Row Name: Number living in foster home care

Column Name:

Year: 2006

Field Note:

Data Source: Massachusetts Department of Social Services, 2004. Data are for Calendar Year 2002, the most recent available. Data are reported by combined race/Hispanic ethnicity categories only. Therefore, the columns labeled "White," "Black," etc. are in fact reported as "White, non-Hispanic," "Black, non-Hispanic," etc. In Section 09A, Hispanics are included in the "Other and Unknown" column; they are reported separately in Section 09B. This limitation on the data means that the number of persons with known race is underreported.

66. Section Number: Indicator 09B

Field Name: HSIethnicity_FosterCare

Row Name: Number living in foster home care

Column Name:

Year: 2006

Field Note:

Data Source: Massachusetts Department of Social Services, 2004. Data are for Calendar Year 2002, the most recent available. Data are reported by combined race/Hispanic ethnicity categories only. Therefore, the columns labeled "White," "Black," etc. are in fact reported as "White, non-Hispanic," "Black, non-Hispanic," etc. In Section 09A, Hispanics are included in the "Other and Unknown" column; they are reported separately in Section 09B. This limitation on the data means that the number of persons with known race is underreported.

NEW STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: MA

SP # 1

PERFORMANCE MEASURE:

The percentage of pregnancies among women age 18 and over that are intended.

GOAL

To reduce unintended pregnancies.

DEFINITION

This measure is based on information from the Massachusetts Behavioral Risk Factor Surveillance System (BRFSS). Among women who were pregnant or had been pregnant within the past 5 years when interviewed, the pregnancy was defined as intended (or not unplanned) if she wanted to be pregnant then or sooner. Because the BRFSS results are reported as population-based estimates based on weighted survey data, only the percent will be reported, without numerators and denominators.

Numerator:

The number of pregnancies to women age 18 and over that are intended.

Denominator:

The total number of pregnancies to women age 18 and over.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Massachusetts Behavioral Risk Factor Survey System (BRFSS). The questions addressing this measure are now included every other year (beginning in 1998); no comparable data are available for previous years. The questions will be asked every other year. Thus projected Annual Performance Objectives will be measured in alternate years. Because the BRFSS is a survey of persons age 18 and over, this measure does not capture the degree to which pregnancies to younger teens are intended.

SIGNIFICANCE

Unintended pregnancy is both frequent and widespread in the U.S. The most recent estimate from the National Survey of Family Growth indicates that 49% of all pregnancies are unintended, either mistimed or unwanted altogether; this % is higher than found in several other Western democracies. Unintended pregnancy affects all segments of society but the highest rates tend to be among women who are ages 18-24, unmarried, low-income, black or Hispanic. Unintended pregnancy is related to adverse health outcomes for both mothers and infants, imposing appreciable burdens on children and families.

OBJECTIVE

2006	2007	2008	2009	2010
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SP # 2

PERFORMANCE MEASURE:

The percent of births to women who report not smoking during their current pregnancy.

GOAL

To reduce the use of tobacco products by women of reproductive age, thus reducing a number of health risks for the mother, the fetus, and young children.

DEFINITION

Numerator:

The number of births to resident women giving birth in the calendar year who report not smoking during their pregnancy, as recorded on birth certificates.

Denominator:

Number of total resident live births in the calendar year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

16-17 Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant women
Objective 16-17c measures the percent of women having live =births reporting abstaining from cigarette smoking during pregnancy. The national baseline (1998) is 87%.

DATA SOURCES AND DATA ISSUES

Massachusetts Department of Public Health; Vital Records. In monitoring this measure over time, we will also examine the degree to which women who are smoking when they became pregnant either stop smoking or reduce their smoking intensity during the pregnancy. While the quality of the data on smoking have improved in recent years, it is important to note that the data are based on self-reported behavior. Implementation of PRAMS in Massachusetts soon will add to the quality and depth of the data. Program-specific data on this measure and related ones are also collected and monitored. Reduction in smoking during pregnancy is a contract performance measure for perinatal service programs funded by the Bureau.

SIGNIFICANCE

Tobacco smoke has a direct effect on reproductive health. Tobacco use during pregnancy is recognized as the leading preventable cause of poor birth outcomes in Massachusetts. Particularly, smoking increases by 50% the probability of having a low birth weight infant. We continue to place attention on a number of tobacco education and cessation initiatives and integrated primary health care messages for pregnant women and, to decrease the pool of women entering pregnancy as smokers, we are also focusing initiatives on women of child bearing age who smoke. The Massachusetts baseline for 2003 is 85.5%.

OBJECTIVE

2006	2007	2008	2009	2010
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SP # 3

PERFORMANCE MEASURE:

The percentage of women with an interpregnancy interval (IPI) less than 12 months.

GOAL

To decrease short interpregnancy intervals (IPIs) and improve perinatal outcomes.

DEFINITION

Using the PELL (pregnancy and early life linkage) database, MDPH will link the records of women who have at least one live birth or fetal death with any subsequent births or fetal deaths. We will calculate the number of months from the first outcome to the beginning of the next pregnancy that ends in a live birth or fetal death.

Numerator:

The number of women who have at least one live birth or fetal death with subsequent live birth or fetal death, where the number of months from the first outcome to the beginning of the next pregnancy that ends in a live birth or fetal death is less than 12 months

Denominator:

The number of women who have at least one live birth or fetal death with subsequent live birth or fetal death.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Massachusetts PELL (Pregnancy and Early Life Linkage) database.

SIGNIFICANCE

Short IPIs are associated with poor pregnancy outcomes. We will also stratify short IPI incidence by geography, race/Hispanic ethnicity, payer source and age to determine disparities. PELL is well suited for this analysis because analyses can follow women prospectively, combine data over years to examine small area variation, and obtain better payer information using linked birth certificate records and hospital discharge data. The baseline statewide mean percent of women with short IPIs from 1998 to 2001 was 9%.

OBJECTIVE

2006	2007	2008	2009	2010
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SP # 4

PERFORMANCE MEASURE:

Percent of children and youth (ages 3 - 18) enrolled in Medicaid who receive preventive dental services annually.

GOAL

To assure that children and youth enrolled in Medicaid (MassHealth) receive the benefits of regular dental care to promote lifelong oral health.

DEFINITION

Numerator:

Number of children (ages 3 to 18) who have received a dental assessment (see definition below) from MassHealth (Medicaid) during the fiscal year.

Denominator:

Total number of children (ages 3 to 18) enrolled in MassHealth (Medicaid) during the reporting period (federal fiscal year).

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

21-12 Dental services for low-income children

Objective 21-12 reads in full: Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year. It is defined as being the number of children under age 19 at or below 200% of the Federal poverty level. The national baseline (1996) was 20%.

DATA SOURCES AND DATA ISSUES

Massachusetts Department of Medical Assistance (DMA) - MassHealth. Medicaid Management Information System. HCFA 416 - Annual EPSDT Participation Report, October 1 - September 30.

SIGNIFICANCE

Access to regular dental care can be a major problem for Medicaid recipients due to the low participation rates of dentists in Medicaid, low Medicaid reimbursement rates, and the lack of other public dental health services in many areas. A legislative Oral Health Commission report issued in early 2000 made a number of recommendations to improve access to dental care across the lifespan. A number of state initiatives to address this problem have been undertaken: state support to expand community health center dental care capacity coverage; increases to Medicaid (MassHealth) rates; and rules changes to allow dentists to limit the number of Medicaid clients they accept. (Without this change, dentists choose to reject all Medicaid clients as they cannot control volume and the Medicaid rate structure presents significant financial issues for many.) Monitoring the impact of these changes on utilization of preventive oral health services among the targeted populations is critical.

OBJECTIVE

2006	2007	2008	2009	2010
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SP # 5

PERFORMANCE MEASURE:

The extent to which agreed-upon screening and intervention strategies for adolescent health, including adolescents with SHN, have been adopted, as measured on a unique scale from 0 - 68.

GOAL

To improve adolescent health, reduce risk behaviors, and support and promote protective youth assets.

DEFINITION

This measure is defined and tracked by scores on a checklist of seven multi-faceted components of an infrastructure supporting comprehensive asset-based youth screening in key MDPH programs to identify risk behavior/youth resiliency (assets); establish systematic protocols, standards and training; and reporting on outcomes. This measure attempts to capture the breadth of adolescent risks and assets throughout a number of settings in which public health programs come in contact with them. See Notes for details on the components and scoring. A copy of the checklist is also attached to Part IV, Section B. In future years a copy with current scores will be provided as an attachment with the Measure in Part IV, Section D. The possible total score ranges from 0 to 68.

Numerator:

None

Denominator:

None

Units: 1 **Text:** Scale

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

MDPH Program Data and assessments from Youth and Young Adult Working Group. The 8 key adolescent service programs to be included in the assessments will be finalized early in FY06. Those already determined to be included are School-Based Health Centers, Family Planning Services, Early Intervention Partnership Programs, Healthy Choice schools, and Essential School Health Services school districts.

SIGNIFICANCE

Strong relationships exist between various adolescent risk behaviors. Some of the documented relationships/clusters include: -- automobile injuries and fatalities and drinking -- sexual activity and use of alcohol or drugs; non- use or uncertain of use of birth control; and not using a condom -- alcohol use and lifetime sexual intercourse; recent sexual intercourse; attempted suicide; carrying a weapon; being in a physical fight; and experience of sexual contact against their will. On the other hand, factors often identified as "assets" or "resiliency factors" such as perceived adult support in and out of school, volunteer work, and other extra-curricular activities, are associated with lower levels of one or more risk behaviors such as smoking, drug use, drinking and driving, sexual intercourse, and sexual risk-taking. This measure attempts to capture the breadth of adolescent risks and assets throughout a number of settings in which public health programs come in contact with them.

OBJECTIVE

2006	2007	2008	2009	2010
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PERFORMANCE MEASURE:

The extent to which the Commonwealth is making progress in developing a system to promote healthy weight, including nutrition and physical activity, as measured on a unique scale from 0 - 97.

GOAL

To improve the overall health of the population, particularly among women, children, and adolescents, through promoting healthy weight, good nutrition, and regular physical activity.

DEFINITION

This measure is defined and tracked by scores on a checklist of five multi-faceted components of an infrastructure promoting healthy weight, including monitoring breastfeeding at two months; establishing consistent nutrition and physical activity messages; promoting those messages across DPH programs and measuring their impact; improving school policies and systems; and measuring weight status and change in key programs serving pregnant women and children and youth. See Notes for details on the components and scoring. A copy of the checklist is also attached to Part IV, Section B. In future years a copy with current scores will be provided as an attachment with the Measure in Part IV, Section D. The possible total score ranges from 0 to 97.

Numerator:

None

Denominator:

None

Units: 1 **Text:** Scale

HEALTHY PEOPLE 2010 OBJECTIVE

19-3 Overweight or obesity in children and adolescents.

Text of Objective and sub-objectives: 19-3: Reduce the proportion of children and adolescents who are overweight or obese. 19-3a: Children ages 6 - 11 years 19-3b: Adolescents ages 12 to 19 years 19-3c: Children and adolescents ages 6 to 19 years. Overweight/obese is defined as having a BMI at or above the gender- and age- specific 95th percentile from CDC U.S. Growth Charts. US baseline (1988-94) was 11%.

22-6 and 22-7 Moderate [and Vigorous] physical activity in adolescents

22-6: Increase the proportion of adolescents who engage in moderate physical activity for at least 30 minutes on 5 or more of the previous 7 days. 22-7: Increase the proportion of adolescents who engage in vigorous physical activity that promotes cardiovascular fitness 3 or more days per week for 20 or more minutes per occasion.

DATA SOURCES AND DATA ISSUES

Various MDPH program datasets (for breastfeeding at two months; measurement and reporting of BMIs; and appropriate pregnancy weight gain). PRAMS (for expanded breastfeeding at two months data). MDPH staff and partners assessments of progress (consistent messages, process and outcome evaluations and baselines; policies and systems implementation in schools and school-based health centers). Some components of the measure are aimed at improving the extent and quality of the data available for assessing progress. We have not yet implemented PRAMS in Massachusetts, although we hope to do so within the next year; without PRAMS, certain data required for progress on this measure will not be available.

SIGNIFICANCE

The importance of healthy weight as a public health objective is well documented, as is the seriousness of the problems of obesity, overweight, and reduced physical activity to the nation's health and well-being. This measure seeks to monitor our progress in several areas - surveillance and data quality improvement, adopting and implementing consistent public health messages, environmental changes in key institutions (e.g. schools), and addressing change at multiple age levels. It builds upon existing initiatives and collaborative efforts through WIC, the Massachusetts Overweight Prevention and Control Initiative, the Massachusetts Partnership for Healthy Weight, a number of school-based projects, and others. It also represents a logical set of next steps from our previous State Performance Measure related to nutrition.

OBJECTIVE

2006	2007	2008	2009	2010
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PERFORMANCE MEASURE:

The degree to which Pediatric Sexual Assault Nurse Examiner (Pedi-SANE) services have been implemented statewide, as measured on a unique scale from 0 - 20.

GOAL

To reduce the prevalence and impact of pediatric sexual assault.

DEFINITION

This measure is defined and tracked by scores on a checklist of five components and steps toward a fully developed statewide infrastructure supporting a comprehensive Pediatric Sexual Assault Nurse Examiner system. See Notes for details on the components and scoring. A copy of the checklist is attached to Part IV, Section B. In future years a copy with current scores will be provided as an attachment with the Measure in Part IV, Section D. The possible total score ranges from 0 to 20.

Numerator:

None

Denominator:

None

Units: 1 **Text:** Scale

HEALTHY PEOPLE 2010 OBJECTIVE

15-35 Rape or attempted rape

15-35 Reduce the annual rate of rape or attempted rape. Although this Objective focuses on persons aged 12 and older, the intent of the Pedi-SANE program is related.

DATA SOURCES AND DATA ISSUES

MDPH program assessments of progress; documentation of implementation of Pedi-SANE services and services sites.

SIGNIFICANCE

Despite implementation of a Sexual Assault Nurse Examiner Program for sexual assault victims age 12 and over in Massachusetts, children under the age of 12 continue to be "revictimized" by the system that is attempting to respond to their assault. We have seen the incorrect use of the adult evidence collection kit on prepubescent children. There have been no protocols or standards for caring for young victims. There is a lack statewide of trained pediatric providers with expertise in sexual assault and children often wait up to three months for an exam. Working with a multidisciplinary group of experts, the SANE Program has developed the first of its kind pediatric forensic evidence collection kit with the principle of "do no harm." Pediatric SANEs have received initial training and begun preceptorships and clinical certification based on the newly developed pediatric protocol. To the extent possible, these pedi-SANEs will work within child friendly settings -- children's advocacy centers and other similar venues -- that include the full array of services needed by child victims of sexual assault (medical exams, victim and family support, forensic interviews, mental health services, and multidisciplinary and coordinated legal response). The implementation plan is designed to replicate comparable success to SANE, measured by assurance of appropriate clinical care, victim services, and conviction rates.

OBJECTIVE

2006	2007	2008	2009	2010
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SP # 8

PERFORMANCE MEASURE:

Region I placeholder for new measure of the collective regional assets regarding child care health consultants (CCHCs) and their contribution to positive health and development during early childhood.

GOAL

To develop an asset-based measure that will be shared by all six of the New England states (Federal Region I). The measure will be an indicator that reflects the collective assets of the Region's early childhood health and development systems.

DEFINITION

The exact measure (using an asset indicator framework) is still being developed by the region's Title V programs, in collaboration with the National Center for Infant and Early Childhood Health Policy at the UCLA Center for Healthier Children, Families and Communities. Health Policy at the UCLA Center for Healthier Children, Families and Communities. The Region has chosen to focus on its collective assets regarding child care health consultants (CCHC). Massachusetts will work with Title V agencies throughout the region to examine what measures can be developed to capture the use of CCHC's; their contributions to young children's health and development; continuous improvement in their ability to support children, families, and providers; and their role in the early childhood service system.

Numerator:

Unknown

Denominator:

Unknown

Units: 1 **Text:** Scale

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

To be determined

SIGNIFICANCE

New research in public health promotion is beginning to document how building a population's strengths and social capital can promote positive outcomes and avoid or mitigate negative ones. In addition, asset-based community development activities throughout the country have also shown how empowerment, resiliency, and the ability of communities to build on their asset base can contribute to achieving desired changes. The asset-based measurement approach can complement more traditional measures of needs, morbidity, and remediation by highlighting capacity-building strategies to promote a population's strengths and minimize deficits. An asset-based framework includes indicators at all levels (state policy, community, service provider, parent/family and individual/child) and can capture their interactive effects. The measurement framework also allows for study of asset use. For instance, it will consider a prevalence measure (to what extent does the asset exist?), a performance measure (how well is the asset being utilized?), and a measure that examines how well an asset is integrated into a portfolio of other strengths, resiliencies, programs, and policies. The choice of CCHCs reflects the critical roles that they can play to improve the general health and safety of children in child care and promote the development of children in other domains — e.g., socio-emotional and cognitive development.

OBJECTIVE

2006	2007	2008	2009	2010
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SP # 9

PERFORMANCE MEASURE:

The extent to which perinatal health disparities are addressed at the state and local levels, collaboratively with stakeholders and community partners, as measured by a unique scale from 0 - 20.

GOAL

To reduce perinatal disparities in outcomes for both mothers and infants in Massachusetts, working collaboratively and in partnership with communities at both state and local levels.

DEFINITION

This measure is defined and tracked by scores on a checklist of three multi-faceted components of an systematic approach to reduce perinatal disparities: developing and implementing a state plan (including perinatal regulations revisions and protocols for addressing racism); state support for development of corresponding community plans; and promoting the use of data to inform policy and prioritize actions. See Notes for details on the components and scoring. A copy of the checklist is also attached to Part IV, Section B. In future years a copy with current scores will be provided as an attachment with the Measure in Part IV, Section D. The possible total score ranges from 0 to 20.

Numerator:

None

Denominator:

None

Units: 1 **Text:** Scale

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Self-assessment by state and communities; documentation of regulations, protocols, state and community plans.

SIGNIFICANCE

A majority of overall pregnancy outcomes in the state continue to improve and are lower than the U.S. rates in many instances. However, continuing racial and ethnic disparities in perinatal outcomes persist. Although IMRs for most racial/ethnic populations declined from 1995 to 2002, little change has been noted in the differences between racial/ethnic populations. The 1998-2002 Feto-Infant Mortality Rates (FIMRs) for the state overall and for the three largest cities were 2- to 3-fold higher for black mothers. The "excess" FIMRs were mainly due to maternal health/prematurity factors. Adequacy of prenatal care and early initiation of care also remain discrepant across racial/ethnic populations. Through the CDC/AMCHP MATRICHs project, a 9-month on-line course, MDPH staff received training to identify a critical policy issue and use state, local and national data to inform policy direction and program priorities. Massachusetts identified perinatal disparities as the policy issue to address through the MATRICHs process; this new state performance measure will track our progress on both policy and program improvements. Enhancing the capacity of community partners to address perinatal disparities in their communities is a critical need and is a focus of the measure.

OBJECTIVE

2006	2007	2008	2009	2010
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PERFORMANCE MEASURE:**GOAL****DEFINITION**

11. The percentage of adolescents reporting no current use (in past 30 days) of either alcohol or illicit drugs.

To reduce the risk behaviors of drinking and doing drugs among adolescents, along with other resulting risks such as high-risk sexual activity, violence, etc.

This measure is based on information from the Massachusetts Youth Health Survey (MYHS). Because the MYHS results are reported as population-based estimates based on weighted survey data, only the percent will be reported, without numerators and denominators. Illicit drug use asked about includes those in the HP 2010 definition (with the exception that hashish is not asked), plus specific questions about "club drugs," over-the-counter drugs to get high; use without a prescription of steroids, Ritalin or Oxycontin; and drugs from prescriptions that weren't his/her own. In 2004 on MYHS, over half (59%) of Massachusetts middle and high school students reported no alcohol or drug use. This is the baseline for this new state measure.

Numerator:

The number of middle school and high school students who report not using either alcohol or any illicit drugs within the past 30 days

Denominator:

The number of middle school and high school students responding to the survey.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

26-10a - Youth using no alcohol or illicit drugs in past 30 days.

Full text of 26-10a: Increase the proportion of adolescents not using alcohol or any illicit drugs during the past 30 days. [Illicit drugs defined as marijuana, hashish, cocaine (including crack), inhalants, hallucinagens, heroin, or any non-medical use of analgesics, tranquilizers, stimulants, or sedatives.] Baseline (1998) - 79%; adolescents ages 12 to 17.

DATA SOURCES AND DATA ISSUES

Massachusetts Youth Health Survey. This survey is administered every other year by the MDPH to a stratified, random sample of 7,000 middle and high school students across the state. The survey data do not extend to youth in private schools or not in school and are self-reported.

SIGNIFICANCE

Alcohol and drug use remain a substantial risk behavior among middle and high school youth. Both male and female students report similar lifetime and current alcohol use rates, with Hispanic students reporting the highest use in both categories. Lifetime and current use of alcohol, marijuana, and other illicit drugs all increase by grade. Studies have found that almost twice as many youth aged 12 to 17 perceive risk from cigarette use compared with marijuana use or binge drinking. Massachusetts rates of binge drinking and marijuana use significantly exceed national rates, while cigarette smoking does not. Given the clustering of adolescent risk factors and behaviors and their resulting health impacts (from motor vehicle mortality and morbidity to data rape), much work remains to be done to work with youth, those who interact with them, and the environments in which they live to reduce these risk behaviors.

OBJECTIVE

2006	2007	2008	2009	2010
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